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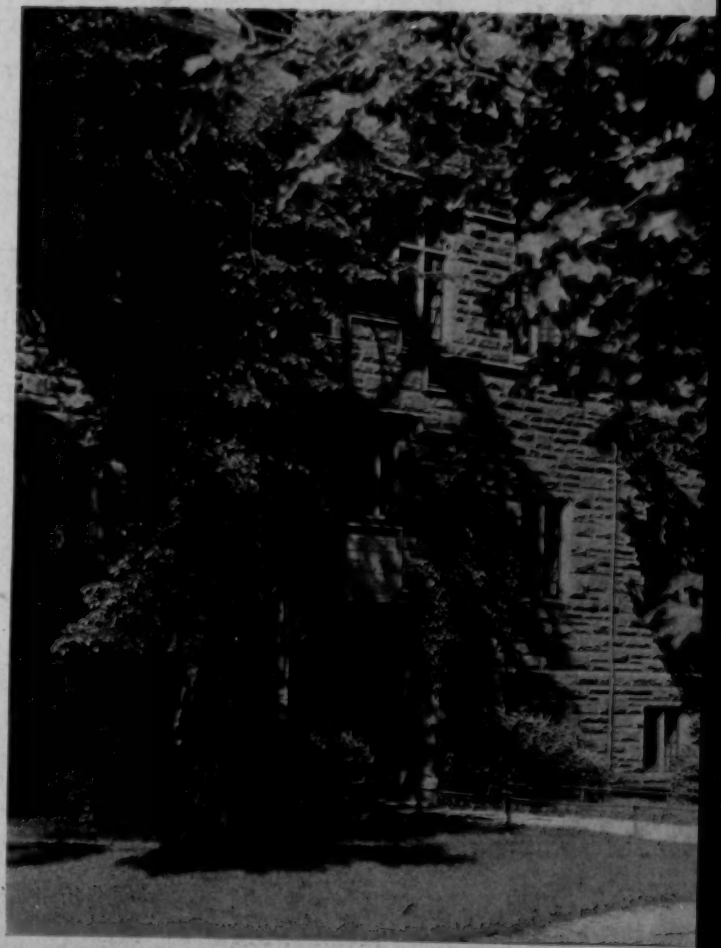
NUMBER 5
MONTREAL
MAY
1948

UNIVERSITY
HOOL OF NURSING
LIBRARY

C.N.A. Biennial Convention
June 28 - July 1
Sackville, N.B.

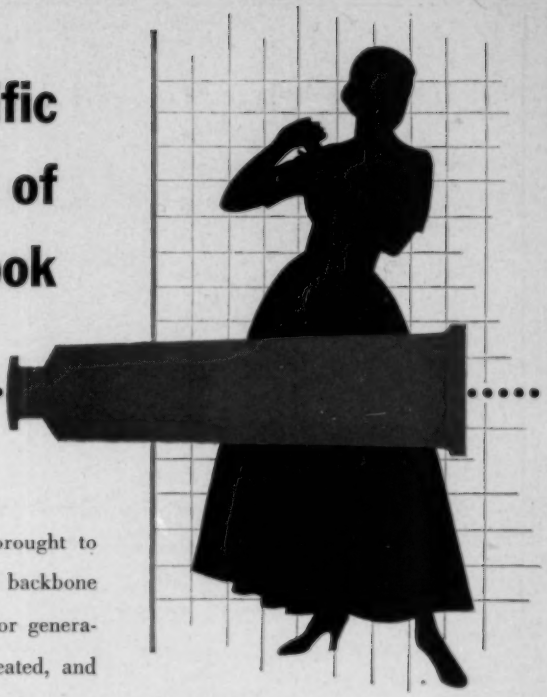
The Patient — His Friends and Relatives
Dr. A. C. McGugan

Welcome to Sackville
Vera L. Daye



Entrance To Mt. Allison Memorial Library

the scientific basis of the new look



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NUTRITIONISTS have long recognized that extraction of vitamins and minerals occurs when fresh foods are cooked in water (1). They have further pointed out that discarding the cooking water—the usual home practice—entails a loss of valuable, essential nutrients (2, 3).

Modern practice in commercial canning goes far in preventing these solution losses in the case of products which are packed in syrups and brines.

Such canned foods are cooked by the heat process accorded them while still contained within the hermetically sealed can.

A minimum of water is used, which also remains within the can, conserving for the consumer's use the extractable vitamins and minerals.

Tabulated below are vitamin values found in the solid and liquid phases of several canned vegetables (4). The results indicate that approximately one third of these vitamins are contained in the liquid portions. A parallel situation holds with respect to the minerals (5).

Physicians can effect a conservation of essential vitamins and minerals by urging housewives to serve the liquid in the can with the solid portion or use it in soups and gravies.

Percentage Distribution of Water Soluble Vitamins in Canned Vegetables

	Ascorbic Acid		Thiamine		Riboflavin	
	Solid	Liquid	Solid	Liquid	Solid	Liquid
Asparagus, green	60	40	62	33	71	29
Beans, green	64	36	67	33	76	24
Beans, Lima	56	44	68	32	76	24
Carrots	66	34	66	34	74	26
Corn, whole kernel	61	39	67	33	78	22
Peas	63	37	66	34	70	30
Spinach	62	38	69	31	76	24

(1) J. Home Economics 28, 15 (1936)
(2) Food Research 8, 115 (1943)
(3) Food Research 7, 300 (1942)
(4) J. Nutr. 28, 131 (1944)
(5) J. Am. Diet. Assn. 21, 354 (1945)

This is one in a new series of articles which will summarize, for your convenience, the conclusions about canned foods, which authorities in nutritional research and canning technology have reached. Look for them each month in this publication.

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of THE CANADIAN NURSE *nor of the Canadian Nurses' Association.*

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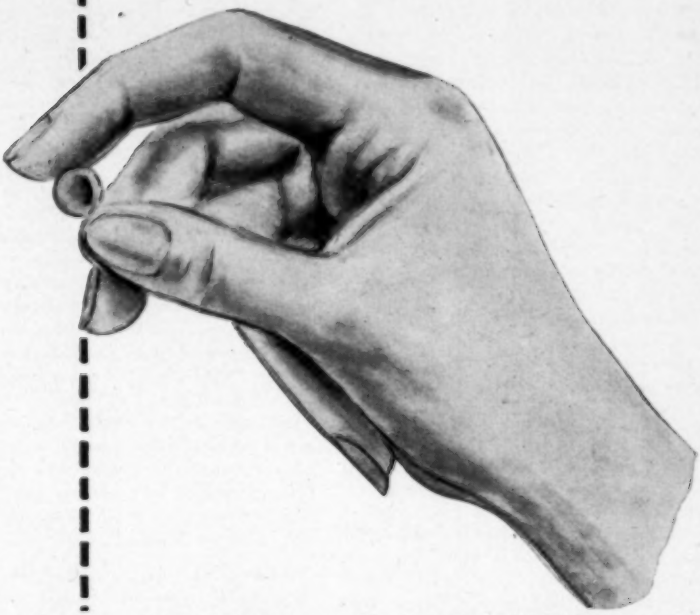
ORALLY ACTIVE



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Between Ourselves

Rich and varied fare is provided this month, commencing with the detailed description of the nurse's role in the administration of one of the newer anesthetizing agents, Pentothal. **Dr. Wainwright** draws particular attention to her duties in those hospitals where the unconscious patient is returned directly to the ward instead of receiving care in a "recovery room." In a busy ward it is common practice to assign the least useful pair of hands to the task of watching the post-operatives. Yet, simply because of her inexperience and lack of knowledge, this student nurse is least capable of recognizing deviations from normal to consciousness. This is a strong argument for the speedy introduction of a "recovery room" in every hospital.

"Tell me how you spend your leisure and I will tell you what you will be like in ten years' time." That aphorism is frequently applied to present-day youth. It is equally appropriate when we consider the aged members of our population. For them, too often, the whole pattern of living is one long period of leisure. As they find fewer and fewer tasks or responsibilities, most of these elderly people tend to become more crotchety and intractable and senescence advances more rapidly. **Dr. Burnette** has reached some significant conclusions in his discussion of this problem

---

Dr. McGugan gave the paper which we have pleasure in publishing here at the institute for hospital administrators in Edmonton last autumn. It is full of meaning for every nurse. The tendency of the dread-ridden patient to retrogress emotionally to the state of being childish, irritable, unreasonable is familiar. Every act or explanation by the nursing personnel which will retard the process of "ego-deflation" is worthwhile.

Do you remember being told, when you were very young, and reluctant to experiment with a new food, "Think of the little children in China! They would love to have this lovely dish of pudding," etc.? Today, with food conservation very much to the fore in our daily planning, the timely tips which **Miss Nelson** offers on preventing wastage of food-stuffs should be read and put into practice by every nurse.

The proposed titles for various hospital personnel, prepared by the Institutional Nursing Committee, C.N.A., should prove a boon both in clarifying our discussion of positions and in the delegation of responsibility. In addition to this series of definitions, this committee has done a very fine piece of work in the preparation of **"A Manual of Job Analysis and Job Evaluation Techniques."** The sub-title indicates more clearly the relationship of this material to nursing, "A Manual of Job Analysis and its related techniques applied to hospital organization." The publication of this valuable material is being implemented through our National Office. Read Miss Hall's comments upon it.

How is the circulation of the *Journal* these days? Reasonably good, despite the persistent headache of non-renewals, late renewals, and subscribers who have never notified us of their changes of address. The latter group present a curious problem. We have tried sending personal, fully-paid letters to these people, asking the post office authorities to use directory service to try to find them—all to no avail. As of April 1, 1948, there are fifty-three such subscribers to whom we owe copies. Three of the subscriptions do not expire until 1950! It is too long a list of names to be published here, so should these words come to the attention of any of these subscribers, would you please write to us immediately and tell us where we may address the copies that we are still owing to you.

At April 1, the circulation figures by provinces were: Alberta 720, British Columbia 1,395, Manitoba 635, New Brunswick 519, Nova Scotia 557, Ontario 3,336, Prince Edward Island 109, Quebec 1,016, Saskatchewan 1,130. The total circulation, including foreign countries, etc., was 10,223.

The great advantage of going to a University is that you never can regret that you did not.
— Anon.

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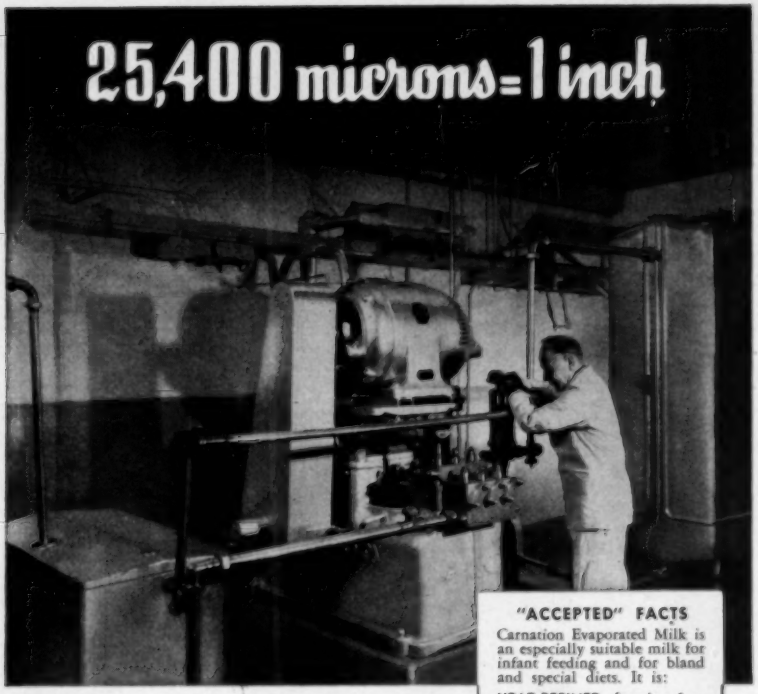

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References: 1. West. J. Obst. & Gynec., 51:150, 1943
2. Clin. Med. & Surg., 46:327, 1939
3. J. A. M. A., 128:490, 1945
4. Am. J. Obst. & Gynec., 48:510, 1944
5. Am. J. Obst. & Gynec., 46:259, 1943
6. Med. Rec., 155:316, 1942
7. Med. Rec. & Ann., 35:851, 1941

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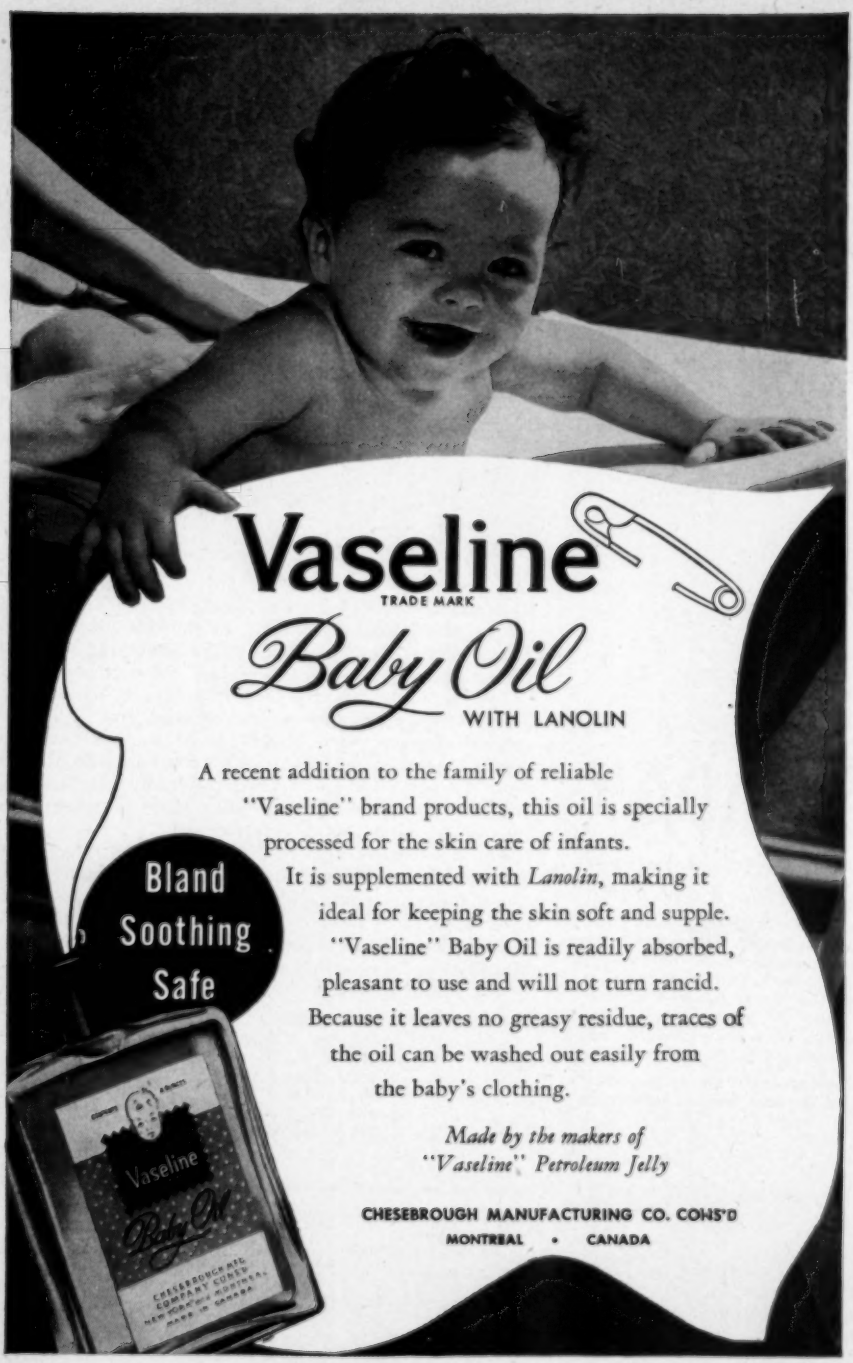
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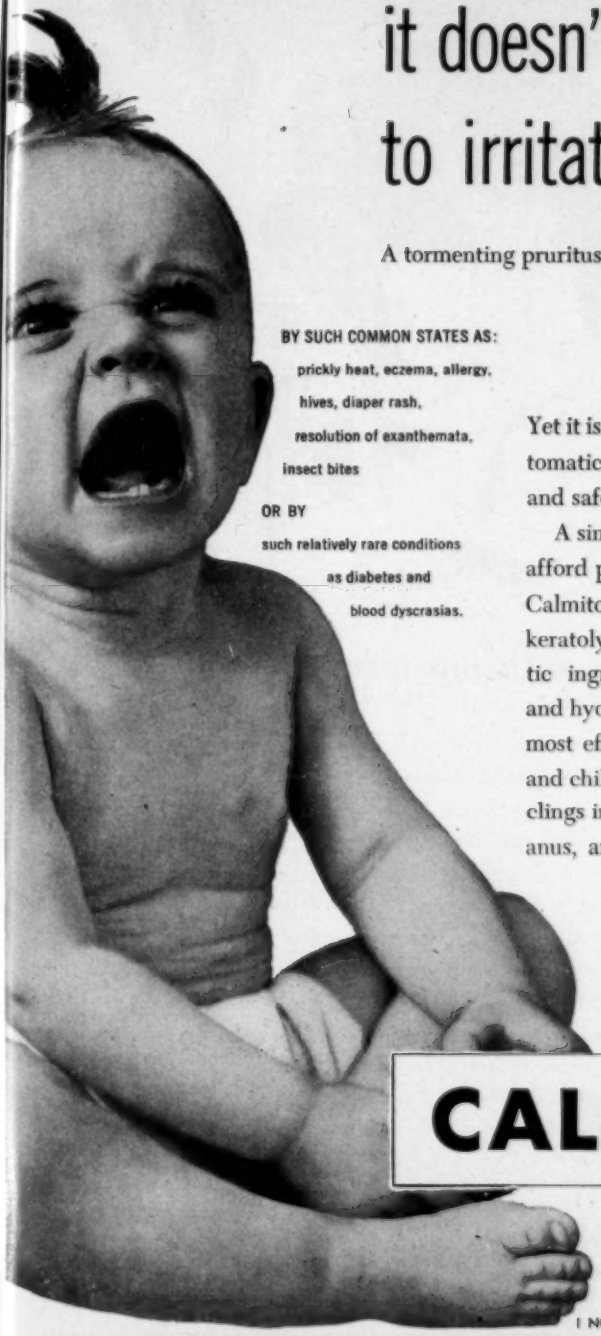

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The
CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

VOLUME FORTY-FOUR *NUMBER FIVE*

MONTREAL, MAY, 1948

Colleague and Helpmeet

AGAIN we have come to the season when schools of nursing, large and small, all across the Dominion, are holding their graduation ceremonies. Nearly four thousand nurses will be presented with their diplomas this year amid the plaudits and congratulations of their relatives and friends. We add our felicitations and good wishes to each of these new graduates. Now fully-equipped, you will find countless opportunities to put your hard-won knowledge and skills to work for yourself, your chosen profession and mankind.

The January, 1948, issue of the *South African Nursing Journal* reported the remarks made by Dr. K. F. Mills on the occasion of the presentation of awards to the nurses graduating from the Johannesburg Hospital, of which he is superintendent. Many points in his address are so timely that we are reproducing some of them here as a tribute to these new graduates in Canada. Dr. Mills is reported as saying:

The nurse, in her professional life, has grown from being the handmaiden of the doctor to become his professional colleague and helpmeet. Doctors can claim to be the professional elder brothers of nurses and as such can presume to give a little advice.

He then referred to a traditional and time-honored custom of the medical profession from ancient and medieval times when the aspirant to the Art, on being released from his apprenticeship, was required to swear an Oath known as the Oath of Hippocrates, which embodied the ethical laws and ideals of his newly-acquired profession. Translating the Oath out of its archaic language, Dr. Mills expressed its meaning in the form of ten commandments which he thought might provide a guide to upright and ethical conduct for doctor and nurse alike, acting as individuals or as a team. To these new graduate nurses we offer as a pattern for your life and work these ten commandments adapted by Dr. Mills:

1. *Thou shalt be loyal*: Loyal to your profession, loyal to your training school, loyal to your hospital, loyal to each other. Without loyalty there can never be effective teamwork and, without teamwork, your professional purposes as individuals or as members of a hospital can never be fulfilled.

2. *Thou shalt do all things according to the best of thy ability and judgment:* The good God gave you brains and the power to use them. The responsibilities which you take on yourselves in the practice of the profession

which you have chosen are those of life and death, and having pledged yourselves to this profession you cannot look anyone in the face, least of all those who will so utterly depend on your care, unless you can at all times say, I have done my best according to my ability and judgment.

3. *Thou shalt place the interest of thy patient before every other consideration:* The care of your patient is a sacred trust and, having assumed the responsibility of a professional relationship with a sick or injured person, you will use every means either on your own responsibility, or under the direction of those under whom you may be serving, to bring the case to a successful issue.

4. *Thou shalt not forsake principle to yield to expediency:* You may not literally in the words of the oath be asked to give a deadly medicine to anyone, or to procure an abortion; though even this may happen; but you may be tempted in your professional or social life to forsake your principles and to take the path of least resistance; but such an action is not consistent with the honor and dignity of your profession.

5. *Thou shalt be infinitely considerate of other people's feelings:* I am indebted to Ian Hay for the wording of this rather lovely precept, but its spirit is surely enshrined in the oath, for how can you secure your patient's trust and confidence, unless you display towards him the respect for his personality, whatever may be his station in life, which your professional relationship with him demands of you; and you can never work as a team with your fellows unless you display to them the same respect and consideration. This precept may be particularly difficult to follow, when you are understaffed and dealing with large masses of patients, and working against time; but even then you must remember that by virtue of your profession you are of the elect, and *noblesse oblige.*

6. *Thou shalt at all times and in all things live in honesty and uprightness of character:* As professional women many will depend upon you and trust you, and a measure of your success will be the confidence you inspire in your patients. How can you inspire the confidence which is so necessary for your success unless you yourself display the utmost integrity of character. And remember, in hospital and in practice outside you live in the fierce limelight of public scrutiny. As a nurse you will come into many people's lives, and you cannot escape being discussed and compared.

7. *Thou shalt not attempt what you know to be beyond your powers, nor be afraid to admit what you do not know, nor to ask advice when you need it:* At the best by attempting to get away with it you run the risk of making a fool of yourself, when you are found out; but at the worst you may be gambling with someone's life, and the issue may be ghastly tragedy. There is nothing derogatory in admitting that you do not know, and asking advice, and no one who knows his limitations is ever despised on that account, but rather respected.

8. *Thou shalt never on any account abuse a professional relationship:* Remember always that your function as a nurse is to nurse. Use all the good manners and social graces you possess to influence and encourage your patient, but only in so far as you are helping towards his recovery; and remember, too, that a patient's home belongs to him and his family; and there is little merit in earning your patient's love and undying gratitude, if at the same time you incur the execration of his wife and children.

9. *Thou shalt scrupulously respect a professional confidence:* In the course of your professional duties you will constantly learn things about the illnesses and histories of your patients, and much, too, about their private lives and domestic environments. These things are not to be spoken about or divulged, except after the most weighty consideration and for very good reason; and still less are they a subject for gossip and chatter. We all fall from time to time into this trap, and St. Paul warned us about that unruly member, the tongue. Well, we have been warned!

10. *Thou shalt love Thy God and thy neighbor as thyself:* We are taught that on these two commandments hang all the Law and the Prophets; and though the Oath of Hippocrates was propounded many years before Christ, yet its Christian interpretation could still be summed up in these words. In embracing your profession you have pledged yourselves to an ideal of service. By serving your fellow man you learn to love him. By learning to love him, like Abou Ben Adem, you will find that in the record of the Angel of the Book and Pen your name will be written among the names of those who love the Lord. Be true to the ideals of your profession, and you will then be true to yourselves; and it will follow as the night the day, you cannot then be false to any man.

The Patient—His Friends and Relatives

ANGUS C. MCGUGAN, M.D.

WHEN one has to deal with an individual who is ill and with the friends and relatives of that person, he is dealing with a group who are under mental tension. A state of tension is not a normal state. It follows, therefore, that the study of the reactions of our patients and those interested in the patient is a study in abnormal psychology.

We know that illness is a contingency of living. All too frequently we attribute illness to bad luck and health to good luck. To a degree disease is preventable and health is purchasable. We accept the inevitability of the monthly grocery and rent bills. We are educated to feel the need of a home, a radio, and a car. All too frequently we ignore what science has to tell us about the art of living healthfully and we make no economic provision for the contingency of illness and consequent hospitalization. Because we are the procrastinators and because we are at fault, we rationalize by attributing our inadequacy to some extrinsic source, usually the much-maligned goddess of fortune. Because we do not face the reality of disease, it follows us like a horrible phantom from the cradle to the grave.

THE FEAR OF THE UNKNOWN

Recently a friend of mine, a member of the legal profession and a man whose opinions I value very highly, was invited to a social gathering of medical men. During the course of the evening he remarked to me, "You know, when you doctors get together socially you seem to be quite human, yet when I meet you in a hospital you seem to be the most aloof, awe-inspiring group of individuals imaginable. I never go into a hospital without feeling uncomfortable and apprehensive." I was somewhat surprised at this statement as he is the type of man who appears to be at ease in any environment. Probably he was equally surprised when I confided that the hours I have spent in the witness-box and in courtrooms generally are among my most unpleasant memories. To him the musty court room, with its black-gowned judges, its trick questions, and cross-examinations is as familiar a setting as the antiseptic-pervaded hospital with its white-gowned staff and medical jargon is to me. Obviously, familiarity develops understanding and understanding is conducive to mental ease. To our patients the hospital is an unknown factor associated with all the dread, all the fear which the unknown creates.

CONFLICT—ADJUSTMENT AND MALADJUSTMENT

Among man's most valued possessions are his good opinion of himself and others' good opinions of him. These contribute to his self-respect or to what the psychologist calls his ego. He asserts himself or projects his ego in many satisfying channels of service and in such other ways as possession, creation, display, rivalry, and mastery. Illness and hospitalization contribute powerfully to ego-deflation. Ego-deflation gives rise to a sense of frustration and frustration results in a mental conflict. When man finally capitulates to prolonged disease or when his life is disordered by accident, he is forced to make a tremendous adjustment, the adjustment from mental or physical ease to mental or physical disease. His ordered life is completely changed. His thinking, feeling, and acting are colored by anxiety, fear, worry, and a sense of helplessness. The result is a choice between two alternatives. Our patient will either adjust by meeting the situation or by fleeing from it.

Happily for the hospital administrator, the great majority of our pa-

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tients adjust by meeting their problems, by putting up a fight. These patients and their friends and relatives make ideal hospital clientele. They are the people who make hospital work a pleasure. It is a privilege to assist them in their problems. If you were to ask for some prophylactics against fear and frustration the first and most effective which I would offer you is *explanation* — rational explanation at the patient's level of comprehension. Nothing removes fear as readily as understanding. The next I would offer is *hope* — hope based on honest judgment. Finally, I would offer *sympathy*, not the sloppy sympathy of sentimentality but the considered sympathy of experience. Your patient may overlook ignorance and bungling inefficiency but neither the patient nor his friends can be expected to tolerate lack of interest.

Not all our patients will be so happy as to make a rapid adjustment to illness and hospital environment. There will be many maladjustments. The most common maladjustment to an unhappy or intolerable situation is regression. The present situation is distasteful so the patient, subconsciously, regresses to that period in his life which was most acceptable to him. Usually childhood is the most carefree, happy period of one's life and so the patient, when he regresses, goes back to that period. What is acceptable in the child may be unacceptable in the adult. The child, to himself, is the centre of the universe. He is selfish, intolerant, hypercritical and demanding. When we meet these characteristics in our patients and their friends and relatives, and we must expect to meet them frequently, it will help us to deal with them more intelligently if we recognize that we are dealing with abnormal mental reactions in maladjusted personalities suffering from tension.

Susceptibility to Suggestion

In their normal environments, under usual circumstances, the great majority of people are reasonable. Under emotional stress their judgments are colored by sentiment. The sick patient is hypersusceptible to suggestion. Obviously every statement made in his presence should be considered carefully before it is made. The physician wants to be as sure as possible before he offers an opinion regarding diagnosis or prognosis. Anxiety over a delay in diagnosis leads the patient to conjure up all sorts of distressing ideas about the seriousness of his condition. He attempts to get inside information, even a hint, as to his diagnosis from any source — the nurse, the interne, the orderly or the visitor. His experience has taught him that those most competent to offer opinions are most reticent to do so and, conversely, those most lavish with advice and opinions are least competent to give them but anxiety overrides judgment and experience. The patient attaches undue significance to casual remarks and even tries to interpret his chances of recovery from the facial expressions and vocal inflections of his attendants. Obviously, his attendants must be discreet if the patient is not to be misled.

Response to External Stimuli

When our patient says that his nerves are all on edge he means just that. Sense stimuli that in health are quite pleasing can be quite the reverse in illness.

The giggles and laughter of the teen-age student nurse are music to a healthy person but irritating noise to a sick patient. The interne expressing the joy of living in a whistled tune may be torturing some pain-racked head.

The aroma of frying bacon wafted across the frosty forest air is a thing to delight the hungry hunter. The odor of frying bacon to a bilious patient is so offensive that it may readily cause nausea and vomiting.

It takes very little to please the taste-buds of a hungry boy. Almost every article on the menu is distasteful to the chronic sufferer.

Colors play some part in the therapy of our patients. Generally speaking, the traditional white of hospitals irritates with its glare factor; the usual buffs and browns tend to de-

press. Colors towards the red end of the spectrum cheer the depressed. Quiet shades of blue and green tend to soothe the agitated. The warm colors should be found on the north and west; the cool colors on the south and east.

Certain patients will have individual preferences. These should be studied and satisfied to the degree possible.

Going into Hospital

Let us consider, for a few minutes, the adjustments which the patient must make when he is told by his physician that he must go to a hospital. All his ordered routine of living collapses. All his plans and projects must be suspended or adjusted. Most of us regard ourselves as essential, if not indispensable, in our respective spheres. The mother is faced with the problem of what provision she can make for her children while she is in the hospital. For the great majority who are making a borderline economic adjustment the problem of financing their illness is a grim one. To the seriously ill, there is the consciousness of the possibility that this trip to the hospital may be the beginning of the voyage to the Great Unknown.

The patient, accompanied by his anxious friends and relatives, arrives at the admitting office. They have a dozen questions which they wish to ask but they find that it is the admitting officer who is asking the questions. I have a copy of our hospital admission form. It is a fairly standard one. You and I know that each question on that form is the result of considered judgment based on long and frequently bitter experience. The patient, however, does not know that it is on the basis of this form that the hospital either functions smoothly or flounders hopelessly. He does not realize that there is a rationale behind each question. Let him know that it is a standard form necessitated by administrative experience. Explain the "why" of the questions at the level of his understanding. Your patient will want to give you his own diagnosis of his condition. Don't brush away his suggestions. We all like to appear learned in fields which are unfamiliar to us. I like to hazard a diagnosis when I take my car to my mechanic. Frankly, if anything is wrong with it I can gain about as much information by looking up the exhaust pipe as I can by looking under the hood.

The first question on this admission form is "Your name?" How much more pleasant the reception would be for the patient if the admitting officer could get a little advance information and greet him by name! We all like recognition.

The next question that is apt to cause embarrassment is "Your age?" The subject of age is one about which most men and all women over nine and under ninety are somewhat reticent. Under nine and over ninety the accomplishment of years may be a subject for a little boastful comment but between those years — never! Then we have the vexed subjects of financial references, deposits, and arrangements for payment. Not infrequently these are matters of worry to the patient and certainly they are vital to the very existence of the hospital. Considerate explanation as to their necessity will remove much of the resentment with which the patient meets them.

Now let us follow the patient to his bed. He is required to surrender his clothes and valuables. The surrender of one's clothes and valuables has the same psychological effect on one's ego as the surrender of his sword had on the knight of old. The patient reaches into his club bag for the red silk pyjamas which he has packed with some thought of brightening the drab hours of the nursing staff. But no! He is handed an abbreviated hospital shirt. Some uniforms flatter one's ego. They suggest rank and accomplishment but a hospital shirt, utilitarian as it may be, is not one of them. The process of getting ready for a stay in the hospital is not calculated to bolster one's ego. Little secrets which the fastidious woman thought to share only with her dentist, beauti-

cian, and others must be shared with the nursing staff. The interne arrives to take the admission history. Questions are asked which, to the patient, seem unduly personal and intimate. The physical examination seems to entail undue exposure and embarrassment. The history-taking, if not skilfully conducted, may take the form of a cross-examination. Finally, there are those painful and irritating procedures — the taking of blood, the spinal puncture, and perhaps the insertion of a duodenal drainage tube. Can we wonder that, in spite of all our efforts, the patient is glad to leave us?

Much distaste for hospitalization can be prevented if the reason for every question and every procedure is explained; worry can be prevented if the causes are understood, anticipated, and removed by adequate explanation.

This discussion, essentially, has been a plea for a study of each and every patient and every friend and relative as an individual. It is a plea for intelligent sympathy based on psychological study. Of course it means more work but what of that! Personally, I am rather intolerant of the growing trend towards what may be designated the acquisitive attitude in groups which formerly were pure professions. I have little sympathy with those who look for more authority with less responsibility, more pay with less work, and the eternal search for softer jobs.

In conclusion, I want to express a conviction — if the hospital is to continue to be a temple of service devoted to the alleviation of suffering, we must not lose our sense of values. We must not become unduly impressed with that twentieth-century god called *Efficiency*, as exemplified in the literature in larger and better physical plants, shinier and more expensive equipment, organization and mechanization. If hospitals are to retain their fine traditions every employee must be motivated by a sincere spirit of service, and a consciousness of the "worthwhileness" of his task, accompanied by an attitude of modesty and dignity. These attributes must form the corner-stone around which we build our superstructure.

Pentothal — The Nursing Aspects

G. A. F. WAINWRIGHT, B.A., M.D.

THE FIELD of anesthesia as a postgraduate career is not open to nurses in Canada as it is in the United States. However, the wide use of Pentothal as an anesthetic agent necessitates some familiarity with this agent on the part of both the undergraduate and graduate Canadian nurse. With other anesthetic agents, preparation of apparatus is usually entrusted to the operating-room orderly but the preparation of the Pentothal tray devolves upon the nurse. Familiarity with the technique used and anticipation of the anesthetist's requirements will facilitate the anesthetic and eliminate unnecessary delays.

Pentothal is sodium-ethyl-thiobarbiturate. It is supplied in .5 gm. and 1 gm. ampules. The strength of the solution commonly used is 2½ per cent. This strength of solution is prepared by dissolving 1 gm. Pentothal in 40 cc. of chemically pure distilled water. In hospitals where proper facilities are not available for the preparation of triple-distilled, chemically pure water, it is advisable to use the special ampules of water which conform to these requirements. When Pentothal is dissolved in water it produces a

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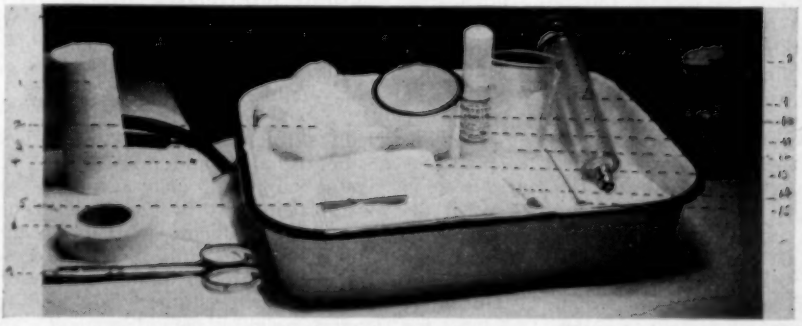
clear pale yellow solution having a slight odor of sulphur. If any precipitate forms or if there is any foreign material present, the solution should be discarded. If the solution is not exposed to air, as in a syringe, it will keep for 24 to 48 hours. Solutions kept under aseptic condition for 4 or 5 days show little diminution in strength even though the characteristic odor of sulphur is lost. It is not necessary to keep ampules of Pentothal in antiseptic solution as the ampules always become contaminated during the preparation. If the powder does not adhere to the walls of the ampule it is safe to assume that the ampule is intact.

Dosage and Administration

Dosage of Pentothal should not exceed 1.5 to 2 gm. irrespective of the rate of administration or the strength of the solution employed. The technique of the administration varies widely with different anesthetists. In general, however, there are two types of trays prepared for the use of Pentothal — the induction tray and the maintenance tray. The accompanying photographs illustrate the equipment required. The induction tray, as the name implies, is used for the induction of the anesthetic and for procedures of very short duration. The maintenance tray has, in addition to the equipment on the induction tray, a Luer-lok syringe, plus Miller-Anode 3/16″ rubber tubing with a 3-way stopcock. The introduction of the tubing permits the anesthetist to resume his customary position at the patient's head and introduce the Pentothal through the arm vein as it is required. The stopcock prevents back-pressure in the vein blocking the lumen as a result of blood clotting in the needle. Administered thus, Pentothal is used in combined or balanced anesthesia. By this method, two anesthetic agents are used to supplement each other. Smaller amounts of each agent are required to obtain efficient anesthesia than if either agent were used alone.

In longer surgical procedures in which supportive treatment for the patient is required, the Pentothal may be introduced directly into the tubing of the intravenous solution. This method is widely used in conjunction with spinal anesthesia in which it is desirable to have the patient sleep throughout the procedure. Pentothal 1 gm. is dissolved in 1,000 cc. of 5 per cent glucose-saline and administered directly by the "drip method." The depth of the anesthetic is controlled



Induction Tray

(1) Bandage to fix arm to arm-board. (2) Sterile wipes. (3) Tourniquet. (4) Arm-board. (5) File. (6) Adhesive. (7) Scissors. (8) Flask of sterile triple-distilled, chemically pure water. (9) 20 cc. syringe. (10) Container for alcohol which should be colored to avoid confusion with water. (11) Ampule of Pentothal. This should not be on tray unless it has been kept in antiseptic solution. (12) Medicine glass for mixing Pentothal. (13) Sterile towel. (14) 18 or 20 gauge needle for administration. (15) Large bore mixing needle.

Maintenance Tray

Equipment is essentially the same as for Induction Tray plus: (1) Second 20 cc. Luer-lok syringe. (2) 3-way stopcock. (3) Flexible rubber tubing (Miller-Anode 3/16") 30" long with glass cannula inserted. (4) Additional needles.

by the rate of flow of the intravenous solution.

Pentothal constitutes a very satisfactory basal or rectal anesthetic and has decided advantages over Avertin in this field. The dosage employed is 1 gm. per 50 pounds body weight, e.g., 3 gm. for a man of 150 pounds. The calculated amount of Pentothal is dissolved in 1 to 1½ ounces of distilled water, preferably warm. The water, of course, does not have to be sterile. No preliminary enema should be given, particularly soap-suds, which interferes with the absorption of the Pentothal. The instillation is made into the rectum through a lubricated catheter attached to a 50 cc. syringe. Deep sleep usually ensues in 15 to 20 minutes. The patient will react to painful stimuli and usually can be roused but he will sleep soundly if not disturbed and there is complete amnesia. It is essential to maintain a free airway and the nurse who is left in charge following the rectal administration should support the chin if there is any interference with the breathing. These patients will not usually tolerate an airway. This basal anesthetic is particularly valuable for highly nervous patients and for certain operations such as thyroidectomy. Children tolerate rectal Pentothal well and with them the same relative dosage as with adults may be used.

Pentothal has a cumulative effect in the body and the depressant effects are too long prolonged if more than 2 gm. is given. The present accepted method of balanced anesthesia materially reduces the amounts of Pentothal required. The introduction of curare as a relaxing agent has enabled the anesthetist to widen the scope of the Pentothal to include procedures in which relaxation is desired. The introduction of an intratracheal tube is also greatly facilitated by the use of curare and it is now used almost routinely in those cases in which an endotracheal tube is passed. Most solutions of curare form a precipitate with Pentothal. This necessitates the separate intravenous introduction of curare unless it is highly diluted. A new preparation of curare which does not form such a precipitate will soon be available.

Indications and Contraindications

Pentothal should not be used for young children. The arbitrary age is approximately twelve years. Venupuncture is difficult in small children and the average child dreads a needle. Further, Pentothal is much more depressing with children and the recovery period is very prolonged. The older age group tolerates Pentothal well but it must be kept in mind that the use of any anesthetic agent in this group is more hazardous. It is not generally used in eye, ear, nose and throat work. With eye work, sneezing is a complication which may be

hazardous. Pentothal may safely be used for induction before tonsillectomy in adults as it is so rapidly detoxified in the body that its effect has worn off before the operative procedure is begun. For office use, Pentothal is not considered advisable. Oxygen should always be available when this agent is used and this is rarely available in office practice. The patient may apparently recover completely in two to three hours but the recovery may be followed by attacks of vertigo and dizziness. Thus, he should be cautioned, if he is discharged from the out-patient department after a Pentothal anesthetic, against driving a car for this period of time. The recovery may be materially shortened by the administration of coramine at the conclusion of the anesthetic. If 3 to 5 cc. are given intravenously at the conclusion of the administration of Pentothal it will be followed shortly by the return of the protective reflexes (coughing and swallowing).

Nurse's Responsibility During Administration of Pentothal

For the induction of a Pentothal anesthetic, the anesthetist works at the patient's side with the arm extended for venu-puncture. He usually instructs the patient to count aloud slowly. The nurse in attendance should be at the head of the patient. When the patient loses consciousness, as indicated by the cessation of counting, there is usually a brief period of respiratory depression or apnea. This is of short duration and should occasion no undue concern. The nurse at this point should elevate the patient's chin and slightly extend the head. This will tend to maintain a free airway. If the patient continues to breath normally, the position of the head should not be altered. When the anesthetist assumes his customary position at the patient's head he will, of course, take over the support of the patient's chin. If an airway is to be inserted, this should always be moistened before its introduction as the patient's mouth is dry from the atropine given preoperatively.

Preoperative Medication Before Pentothal Anesthesia

Modern anesthesia calls for lighter preoperative medication than was formerly used. Nembutal may safely be given the night before to ensure a satisfactory night's rest but it should be omitted prior to the operation. Nembutal is also a barbiturate and tends to increase the respiratory depression associated with Pentothal. Smaller doses of morphine are now employed — usually gr. 1/6 or gr. 1/8 in the older age group. Old people tolerate morphine poorly and this drug also tends to aggravate the respiratory depression. Atropine or hyoscine should always be given when Pentothal is to be employed as it tends to reduce reflex spasm. Morphine gr. 1/6 with atropine gr. 1/150 is usually given by hypodermic forty-five minutes before the scheduled time of operation. If the time factor does not permit this interval, the injection is best given intravenously immediately before the administration of the Pentothal. No food should be allowed for at least four hours before the operation. If food has been taken within this period, gastric lavage should be carried out and suction should be readily available. Vomiting is not as common with Pentothal as with other anesthetics but it does occur.

Supervision During the Recovery Period

In some Canadian and American hospitals, the anesthetic recovery room has now been instituted. Such a recovery room has very definite advantages. Facilities for dealing with emergencies arising during the recovery period are centralized. A nurse specially trained for this work is in charge and can supervise several patients at once. Segregation of the sexes is not necessary. Mishaps prone to occur during the return of the patient from the operating-room to his ward are eliminated. However, in the average Canadian hospital, such facilities are not yet available. When the anesthetic patient is returned to his ward, he is too frequently en-

trusted to the supervision of a student nurse who is not well-trained in dealing with the emergencies which may arise.

The nurse in charge of an anesthetic patient during his recovery period should consult the anesthetic sheet to determine the anesthetic agent used and if anything untoward occurred during the course of the anesthetic. With Pentothal, if marked respiratory depression has occurred during the anesthetic, further depression may be anticipated during the recovery phase. If curare was used, this drug also tends to depress the patient post-operatively. The color, pulse, respirations, and general condition should be noted. If the patient's color is good and respiration free and unembarrassed, the position of the chin should not be altered. The patient frequently will have an airway in place. With the return of the protective reflexes, the airway may act as a gag and tend to choke the patient. It is not unusual for an anesthetist to be recalled to find the patient's breathing markedly obstructed by an airway which is defeating its own purpose. Excitement occasionally occurs following the use of Pentothal and proper restraint may be necessary for a short interval. Pentothal is a respiratory and not a cardiac depressant. Coramine is the most efficient drug to offset respiratory depression. It is best administered intravenously in doses of 4 or 5 cc. Other drugs which should be available in case of emergency are metrazol and, if curare has been used, prostigmine.

Summary

To summarize what the nurse should know about the use of Pentothal:

1. Pentothal is the most pleasant and rapid anesthetic agent in use today.

2. It is used for inducing anesthesia, for short operations not requiring relaxation, and in balanced anesthesia.

3. The introduction of curare has greatly widened the scope of Pentothal in providing relaxation which cannot be obtained safely by Pentothal alone. Curare greatly facilitates the introduction of an intratracheal tube and is used to maintain a free airway even when relaxation is not required by the surgeon.

4. Two types of Pentothal trays are in general use — the induction tray and the maintenance tray.

5. Pentothal constitutes a satisfactory basal or rectal anesthesia.

6. Proper preparation on the part of the nurse for a Pentothal anesthetic will greatly facilitate the course of the induction and will eliminate annoying delay in the operating-room.

7. The nurse supervising the recovery period should be familiar with emergencies that may arise and should have available those drugs necessary to offset them.

Cold Facts

The average cold will last a week if untreated, seven days if treated.

Colds are responsible for more loss of time in industry and schools than all the other diseases combined. They are rarely the direct cause of death, yet they are frequently complicated by severe infections.

Little is known regarding cold immunity, but it is believed to last only a few weeks after an attack. Certain persons never seem to develop any immunity.

Many measures have been suggested and tried for the prevention of colds but none has yet been found that is satisfactory. Nothing can be done to shorten a cold once it has begun, yet in spite of this knowledge persons ill with colds are usually subjected to a ritual of purging, sweating, poulticing, gargling, cough syrups, pills, and so forth.

To summarize, cold prevention is difficult, being limited to general hygienic measures which include adequate diet, rest, peace of mind, and avoidance of persons harboring cold germs. It is also important to avoid exposure to dampness and cold, nasal irritants, and over-heated dry rooms.

Cold treatment is limited to the relief of unpleasant symptoms and consists of rest in bed, warmth, and simple medicines. There is no known treatment for the cause of colds nor any that will shorten the course of a cold.

— F. A. Ellis, M.D. in *Blue Print*.

High heels not only distort the feet but they throw the line of the body forward, thus making it necessary for the wearer to exert an effort to maintain an erect posture. Still more, the toes are crowded together, the edges of the feet are forced upward, and all the weight of the body rests on the line of the transverse arch, so that callouses are likely to form on that part of the sole.

— *Health News*

Occupation in the Mental Hygiene of the Aged

NORMAN L. BURNETTE

CARE OF THE AGED is one of the oldest and most widely practised of the Christian virtues. This is interestingly illustrated in "A Study of the Care of Old People in Great Britain" published by the Nuffield Foundation. In the city of York, aged persons still are occupying almshouses and hostels built in 1640. There actually are in existence in Great Britain 2,425 separate foundations for the care and comfort of the aged. The annual income available to these charities from bequests and other voluntary givings is in excess of twenty-five million dollars. Four hundred and twenty of these foundations were established between the years 1400 and 1700 and 485 between 1816 and 1875. These later dates provide a curious commentary on human nature. It would appear that during the rise to wealth of the great manufacturing class in Great Britain following the Industrial Revolution, a society which condoned small children working twelve and fourteen hours a day in mines and mills was at the same time generously endowing homes for the aged poor.

Practically the sole intent of these early establishments was the provision of shelter, food, and clothing. Occasionally the founders added some recreational facilities. The concept met the needs of a society in which the death rate was high and the span of life short. Given the heart and the will, communities could care for their old people because their proportion in the population did not constitute a pressing problem.

Today we are faced with a very different situation. Falling birth-rates and control of preventable diseases are altering the whole demographic picture. In 1860, persons aged sixty-five and over, in the United States, were 2.7 per cent of the population. In 1940 the percentage was 6.8. It is calculated that by 1980 it will be over 14 per cent. In 1980, one-seventh of the entire population of the United States will be over sixty-five. There is no reason to believe that in Canada the over-all picture is very different. We do know that today in our country there are 449,000 people aged seventy or more. Of these, 193,000 are costing us forty million dollars a year in Old Age Pensions.

The figures quoted have very serious social implications. It is axiomatic that the mental health of individuals or groups affects the health of the whole society of which these persons merely are an integral part.

Occupation is something much more complex than simply a means of exchanging services for material needs. We are told that in Eden a voice spoke to Adam and said, "In the sweat of thy brow shalt thou eat bread." True, but through the ages the sons of Adam have learned that the pronouncement carried with it an accompanying boon. It is this, that by work man achieves his highest sense of satisfaction. Granted that exceptions are numerous, the governing fact is that most people are happiest when they are occupied either physically or mentally. This is so deeply ingrained in human nature that it is not likely to disappear simply because one celebrates a particular birthday. Elderly people, if they are well, are no exception to the general rule. If well people are condemned to idleness, they are liable to drift across the borderline into physical and mental deterioration. A progressive increase in a proportion of the population who

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are denied this normal outlet for emotional satisfaction is not a good thing for a healthy society. Our problem is to find employment for elderly people suitable to their strength and capabilities.

In facing up to the facts about age in our modern world, it would be well if we could free ourselves from the tyranny of words. The term "aged" brings to mind a connotation which no longer is accurate. Public health not only has controlled diseases of childhood, it has enabled children to grow into healthy adults and enter the upper age brackets enjoying a vigor unknown to past generations. It would be good for us if we stopped talking about aged people and just thought of them, more correctly, as senior citizens.

As far back as 1776 the English economist, Adam Smith, in his book entitled "Wealth of Nations," pointed out that "fixed capital also consists of the acquired and useful abilities of all the inhabitants or members of society." Not just the abilities of young men; not the useful abilities of the moment; but, in addition, the backlog of acquired knowledge and skills which are the fruits of years of experience. Why, up until recent times, has our industrial society been loathe to reap this rich harvest of accumulated knowledge and skill? Because of three assumptions which we now know to be false. First, that there was a direct and immutable relationship between usefulness and chronological age so that, as an employment practice, a great many industries were guided by the notion that a man was too old to learn a new trade after forty-five and, in fact, was over the crest of his development and would shortly start down grade. In view of the improvement in the health and vigor of the population this manifestly is not true today. Second, that a senior worker was more liable to have accidents than a younger man. This is incorrect. Studies indicate that apparently with advancing years there are compensating safety factors, such as experience and caution. It is pertinent to point out that if one examines traffic accident statistics, one sees the same thing. Third, that the tempo of production was such that mechanized industry could not profitably employ workers over a certain age. Here again, we have had recent experience which makes us doubt whether this argument ever was valid.

The high level of employment during the war among persons of pensionable age in Great Britain (men over seventy and women over sixty-five) provided an opportunity for investigation. Four hundred and fifty-five firms were questioned. These covered a wide variety of industrial activities and varied in size from small businesses to concerns employing fifteen thousand workers. By a majority of five to one employers stated that elderly workers did not earn less than other workers. Only one-tenth of the firms found that absenteeism was higher among the elderly than among other workers. One-third found it definitely lower. One-half could detect no difference. Even more illuminating are such comments as these: "We find that elderly workers do not require the supervision that younger workers need and, being fully experienced in their work, are more reliable." "We find that generally elderly workers are quite as good timekeepers and perhaps more conscientious than younger ones." "Elderly workers are a good influence in a factory." . . . And so on down a long list. Conscientiousness, reliability, experience, good influence—are not all these valuable assets to industry?

The survey disclosed another point. Eighty-five per cent of the firms questioned did not find it necessary to provide special welfare facilities for elderly workers. Many of them went out of their way to make it quite clear that the elderly workers would have resented being singled out in such a fashion.

Out of this study emerges two lessons. The first is for the mental hygienist. It is that the well-being of healthy, elderly people is best sustained by finding them occupation in a normal working atmosphere with a minimum of concessions that might

tend to make them different to their fellow workers. The second is for industry. Among the so-called over-aged there is considerable work potential that can be used.

Modern industry is neither stupid nor anti-social. This statement may jolt some young intellectuals with Alma Mater's milk still wet on their lips. Nevertheless it is true. Industry has been quick to learn that science can aid it in selection for employment. The outcome of such studies as those quoted will be the enlistment of science to help in selection for retiring or continuing old employees. Industry must do this not only with a view to its own profit. Our twentieth century employer is also a socially conscious citizen. He knows that social problems are also industry's problems. In America, contributions already have been made to the employment problem of elderly workers. Two large automobile manufacturers maintain old-age workshop divisions whose able personnel includes men in their eighties!

It is not suggested that if industry employed to its full capacity those elderly people still capable of vigorous effort we would be left with nothing more to discuss. There always will be two other large groups. First, those who for various reasons are not acceptable to industry, or industry to them, but still possess capacity and desire for some work for pay. Second, those who for various reasons, including disinclination, have no value as wage-earners but who, nevertheless, for their own good, physical as well as mental, should have some interests other than eating, sleeping, and lying around the house.

What a large number of people need is help in directing their unused energies into desirable channels after their past occupation is no longer available to them. For those who cannot be absorbed into ordinary industrial organizations, but who still are capable of wage-earning, society might well provide sheltered employment similar to that which on a small scale already exists for the physically disabled. In addition, there is no reason why there should not be a revival and expansion of piece-work industry in the home, with, of course, safeguards against the abuses which brought this type of work into disrepute. In the case of the well person retired from ordinary industrial life, his self-respect would be better sustained in sheltered employment or in his own home if he could work on some easy operation which he knew was essential to the completion of a commercially useful article. Psychologically this would be much more sound than work generally described as "occupational therapy." So much of this is futile and, therefore, of dubious value from the viewpoint of the mental hygienist. One does not question the value of occupational therapy in its proper place. This is in connection with hospital patients or sick persons in their own homes, but not well people.

Concerning the second group, we can eliminate at once those cheerful souls who, to put it briefly, can look after themselves. But in the homes where there is sickness the nurse must encounter old people who in youth had none of the advantages which enabled them to take a beginning interest in manual, cultural, or intellectual hobbies. Perhaps some nurse with an inquiring mind—it might even appeal to a retired nurse—could make a study of elderly idlers in homes where there is sickness. To what extent are these people helpful or could be made helpful, including helpfulness to their own mental well-being? To what extent are they occasionally disturbing factors and how can this be corrected? To what extent are some of them a counfounded nuisance? One fears that in this last respect males are the worst offenders. There cannot be anything worse than an elderly idle man moping around the house and getting in the way of the nurse. Of course the solution is to get him out. But this is easier said than done unless there is some place for him to go. We need community clubs where the elders can forgather with their own kind and engage in pursuits suitable to their years, their inclinations, and—let it be added—the

modest state of the pocketbook. The British, who for so long have had with them the problem of old people, have done excellent work in establishing clubs where elderly men could enjoy fellowship and companionship in pleasant surroundings and modest comfort. Perhaps to some extent clubs and workshops could be combined.

It is curious that in speaking of idlers one invariably thinks of men. Apparently elderly women do not present the same mental hygiene problem as men—that is, need of "made occupations" to keep them happy. Someone wrote that "Woman's work is never done." One might add the observation that when necessary tasks are finished, women, generally speaking, seek for something else to occupy the mind or hands. It is not likely that the difference implies superior female intelligence. Probably it is purely glandular! If at times there does arise a need for providing outside interests for elderly women it is worth noting that many of the clubs in Great Britain, to which passing reference has been made, have ladies auxiliaries. One imagines that they do a very good job.

To sum up, one, and probably the most important, approach to the matter of preserving the mental health of our senior citizens, who are not incapacitated through illness, is through the provision of suitable occupation. The elderly persons who would benefit by the provision of occupations fall into three main groups: First, those possessing work potential that can be used in ordinary industry. Second, those still capable of wage-earning under limited conditions, either in special workshops or in their own homes. Third, those who for various reasons can be written off under the terms of reference covering groups one and two, and who have not the knowledge or ability to lift themselves unaided out of a state of idleness. This last group perhaps is a field for psychiatric social work.

The first two groups are increasing in size as the population ages. There looms on the horizon a serious economic and social problem. This we must solve; first, for the sake of society as a whole and, second, so that there can be held out to our elder citizens promise of fulfilment of the lines, "Old age, believe me, is a good and pleasant time. . . . Life does not cease when you are old; it only suffers a rich change."—Jane Ellen Harrison.

Welcome to Sackville

VERA L. DAYE

THIS YEAR, in June, the Canadian Nurses' Association is holding its biennial convention in the town of Sackville, New Brunswick. Here, with splendid accommodation in the three fine residences of Mount Allison University, a warm welcome awaits you, one and all.

You will enjoy a visit to this Maritime town. While Sackville itself is of comparatively recent development, the town proper being incorporated in 1903, its site and the surrounding countryside both have a background of history, rich in story and legend.

Nestling at the western end of the famous Tantramar marshes, the present town of Sackville was first settled by the sturdy Acadians about 1750. These people built three villages — the present Four Corners, Sackville and Westcock — which thrived until the Acadian expulsion in 1755 by the British under Lieut. Col. Robert Monckton. Although driven out from their burning homes some of the Acadians managed to escape to

Miss Daye is president for New Brunswick of the Canadian Women's Press Club.

the friendly Indians, and the two combined to wage a sort of guerilla warfare for some years. With the fall of Quebec in 1759, French hopes were completely dashed and the British planned and carried out early settlements with their own people.

The first to arrive in the Sackville area were Rhode Islanders. They came in 1761 with their families, and in 1762 took the first step towards local municipal government. The name Sackville for the township was selected in honor of Lord George Sackville, commander of the British forces. These New Englanders were soon followed by others, who farmed the fertile acres of marshland, reclaimed from the sea by the Acadians with dykes and ditches built of mud, logs, and stones. Among them were names which have come down to the present day. You may recognize some of them: Estabrooks, Bateman, Cole, Seaman, and many others.

In 1763, thirteen Baptist families arrived from Massachusetts, and founded a church, the first of its denomination in Canada.

The success of these British settlements soon reached the ears of land-hungry people in the Old World, and so, in 1772, a group of Yorkshire families came out from England and settled on the fertile marshlands. Their names, too, are found today over many stores and business offices, as well as in other walks of life. Their romantic story has been well and ably told by a noted Maritime author, Will R. Bird, in his two books, "Here Lies Good Yorkshire" and "Judgment Glen." Their original town book with its curious entries can be seen in the Mount Allison Library, and many of their land grants and queer old deeds that tell about family property, poverty, wealth, or businesses are still legible on heavy rag paper. You can see them if you take a side trip to the New Brunswick Museum in Saint John.

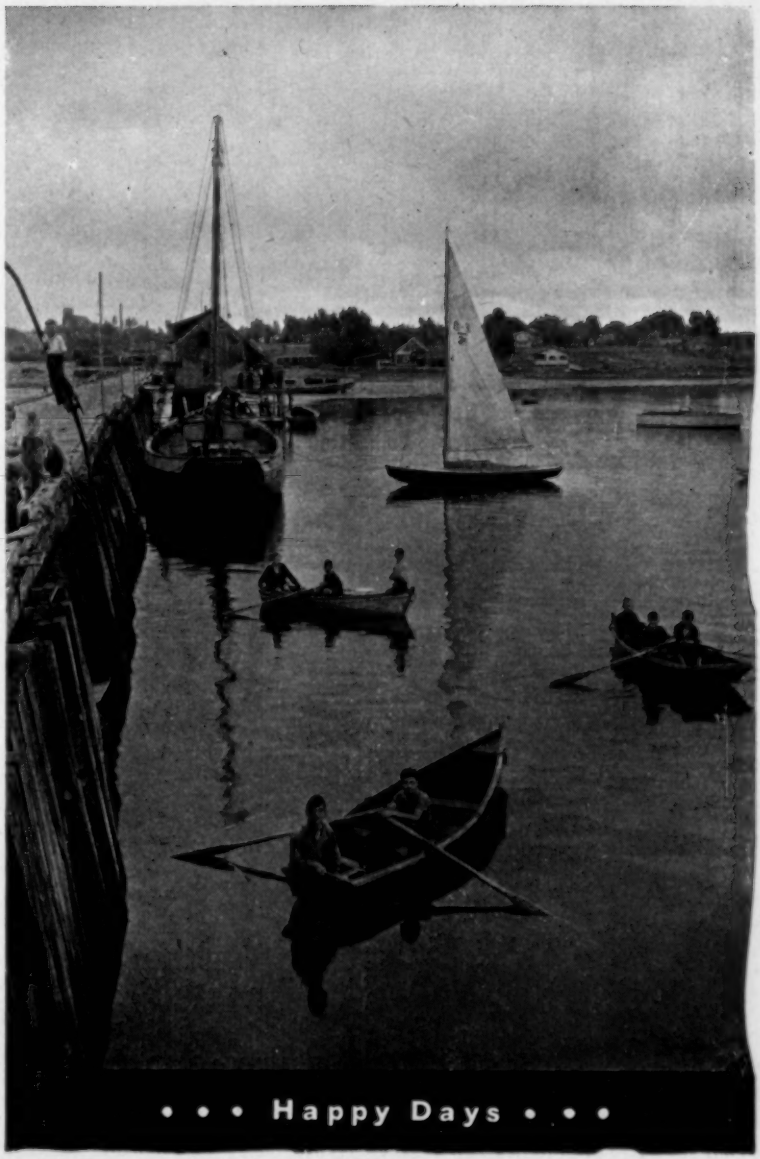
Woodland waterfall

You will want to see, too, the Fort Beausejour Museum and National Park, just a few miles east of Sackville. The remains of this old French fort are an impressive sight. They lie on what is known as the great Beausejour Ridge, one of two rising up from the marshes and bogs and lakes of that narrow Isthmus of Chignecto joining New Brunswick and Nova Scotia.

When you drive in from the main highway you can see almost at once the high star-shaped outlines of the ancient fort. You can walk around and peer through the loop-holes where the old-time soldiers once fired their heavy muskets. You can step down into the powder magazines. You can see an old French cannon mounted in front of the museum. It is still used to fire salutes. Just north of the fort are zigzag trenches ending in several musket pits, all parts of the old Acadian French defence system. On the western side of the fort hill you will find a "Holy Well," an old spring with the remains of a stone coping around it. Tradition has it the priests obtained the holy water used in the Beausejour church from this well, and that it had marvellous healing qualities.

Fort Beausejour was begun in 1751 by the French under Lieutenant Joseph-Gaspard de Lery. When it was finished in 1754, Louis de Vergor was made commandant, and it was his job to hold the place against the English who were building a fort on the opposite ridge, Fort Lawrence. Early in the spring of 1755, a force of New Englanders, under the command of Colonel Robert Monckton, encamped at Fort Lawrence and made ready to attack. Shells from the English batteries soon reached the French fort, and discouraged and disheartened the garrison, who had believed their casemates to be bomb-proof. Finally,

The haymakers



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after a few days of heavy siege, the French commandant decided to capitulate. Under honorable terms of surrender the defeated garrison marched out and the English marched in. Later, Colonel Monckton changed the name of the fort to Cumberland in honor of the royal duke of that name.

In the handsome stone building, erected by the Dominion Government in 1935 as the Fort Beausejour Museum, you can browse to your heart's content among the relics of military and civil life of the Chignecto Isthmus. There are pamphlets, maps, manuscripts, Indian weapons and implements, swords and ploughshares.

You will not be long in Sackville before discovering it is a "College Town." High on a hill overlooking the town stand the schools and colleges of Mount Allison University, an educational foundation of the United Church of Canada. The institutions comprise the Academy and Commercial College, the University with its faculties of Arts and Sciences, the School of Fine Arts and the Conservatory of Music.

This century-old college was founded in 1843 through the efforts of Charles F. Allison, a prosperous Sackville merchant, as the Mount Allison Wesleyan Academy for Boys. Ten years later Mr. Allison contributed £1,000 for the establishment of a seminary for young ladies, and the school was opened a year later, with the title "The Female Branch of the Mount Allison Wesleyan Academy." It took the "Females" but a few short years to change that name to the more dignified "Mount Allison Ladies' College." In spite of their emancipation, they had to submit all personal letters to the principal for censorship, and he could destroy or forward them as he saw fit! And they could associate with the men students only under strict chaperonage and stricter regulations.

Today, students are to be seen everywhere in Sackville. Academic processions at Spring Convocations and Founder's Day in the fall are familiar sights on the streets. Crowding the local shops, theatre, bowling alley, and restaurants, the modern students enjoy the freedom of the town.

In 1858, when the New Brunswick Legislature granted the privilege of conferring degrees, Mount Allison

School for girls, Mt. Allison University, Sackville, N.B.

Men's residence at Mt. Allison University

The Academy at Mt. Allison University

University came into being and several new buildings were added. The beautiful Conservatory of Music, the Owens Art Museum, and the first residence for men were built before the turn of the century. In 1910, lovely Hart Hall and the fine Charles Fawcett Memorial Hall were erected. Other buildings have been added through the years, among them a fine library which houses a priceless collection for investigation and research.

Sackville today is a busy little town with fine homes, good schools, and trim churches. Two large manufacturing concerns add to its prosperity by keeping hundreds of local folk at work. The stoves, furnaces and heaters, ranges and bath-tubs, fire-place fittings, etc., of the Enamel and Heating Products Ltd., are known all across Canada, as are the similar products of the Enterprise Foundry Co. Ltd. Both factories are large and modern, well worth a visit.

A few miles from the town on the main highway you will see the modernistic red brick building decorated with panels of glass brick that houses CBA Maritimes. From here, high steel towers carry the radio voice of Canada by both long and short wave to local listeners and those across the sea. Three short wave antenna systems are located on the marshes. One directs a signal to Great Britain and Europe. Its direction can be reversed to transmit to Central America and New Zealand. Another system transmits to South America and Western Australia. The third system goes to South Africa and Eastern Australia. Truly, there are few parts of the world that cannot hear Canada's voice from Sackville. This plant, with its transmitter building and the modern residences for its staff, is the most advanced of its kind on the continent.

From the past to the present, Sackville offers you, the nurses of Canada, a quiet interlude of friendly living where the breezes blow cool from the endless marshes.

Conserve Food by Reducing Waste

BETH NELSON, B.Sc. (*Home Economics*)

THE NEED for calories in Europe and the cost of food at home make the trays in the hospital and our nurses' meals an urgent problem to all those concerned with better health. Since the dietitian first joined the hospital staff the problems of variety and food cost control have never been so difficult as they are now. If all the nurses are alert to the proper use of food and the methods to prevent waste the dietitian will be able to use her time to give more variety, and if

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you save the butter, pie will be on the menu more frequently.

Wastage of food is caused by: inadequate storage and refrigeration, poor cooking and careless serving, inadequate equipment, and the ordering of more supplies than are necessary. How many nurses take only what they will eat from the cafeteria counter? Are you feeding the garbage can as well as yourself? Be critical of your plate at the end of the meal. When you order food supplies for the ward keep your amounts as close as possible to your needs. Do cancel that special diet as soon as you can so that the food will not be prepared.

Have you ever seen a tray returned to the kitchen practically untouched because the food is cold? As well as having the patient ready for the meal you can do something else to prevent this. Learn about your food equipment, its care and use. The heated food conveyor and the kitchen range are just as important as the patient's bed in maintaining the patients' well-being. Is the kitchen equipment in your hospital as modern as the equipment in the operating-room? A thermometer has a specific use, is fragile and expensive. So are dishes. Almost all crockery is imported and the supply has never been so limited or so expensive. Use dishes for food, not just to hold chopped ice or to put under plants.

As well as saving money for food by preventing dish breakage, all nurses can save food by keeping the dietitian informed about the patients' preferences for certain types or amounts of food. If your patients have poor teeth, inform the dietitian so that the salads on that ward will not be wasted. The vitamins will be even more acceptable if they are served in the form of tomato juice. Bread and cereal are foods that are in great demand in Europe. Watch your trays and tell the dietitian if one-third of it is left untouched. Waste could be prevented if a bread tray is passed from bed to bed and only the amount desired taken. Incidentally, bread will keep fresh much longer if kept in a refrigerator.

No doubt every nurse in the hospital knows the chief surgeon. Would you know the chef or the baker if you met him on the street? A smile in the kitchen is just as effective as a smile on the ward. Nothing improves the texture of the cake as much as a word of appreciation. Tasty food reduces waste, and foods that are well liked could be frequently included on your menu.

Refrigeration and storage of food supplies may seem to be far removed from the nurses' responsibilities, but the best refrigerator will not be effective if you let that egg-nog become warm before the patient takes the first sip. A flower petal never improves a glass of milk so keep the flowers and medicines elsewhere than in a food refrigerator.

Sanitation leads to food conservation. Clean storage space, clean equipment, and sanitary methods in handling food all add up to minimum spoilage of food. Are your methods and habits when handling food, such as would set a good example to an employee? It is the nurse in the kitchen who will first notice the kitchen worker's sneeze or her fingernails or untidy hair. Such things as these are a menace to the health of the patient and must be attended to immediately.

Graduating dietitians are being attracted to positions in nutrition and research, teaching, and in the commercial field where hours and pay are more interesting. The number of hospital dietitians is, therefore, at a minimum so co-operate with your dietitian as you would with your fellow nurse and your patient will benefit by it.

Let us endeavor through our contacts with food to conserve vital foods by reducing the waste.

Tact is not a form of weakness. It is velvet strength. It indicates self-control and poise shown in a pleasing manner. — ANON.

PUBLIC HEALTH NURSING

Contributed by the Committee on Public Health Nursing of the Canadian Nurses' Association

Public Health in the Basic Course

JEAN S. CLARK *and* M. AUGUSTA EVANS

AS PUBLIC HEALTH nurses, we frequently find ourselves evaluating the basic three-year hospital training. The student nurse should gain an appreciation of the limited role the hospital assumes as long as its emphasis remains curative only, opposed to the broadening role that authorities presently envision a hospital fulfilling as a community health centre. Although the old idea of nursing a "sick body" has given way to that of nursing a "sick person" this concept still needs to be broadened. "But even when the pain is over and the disease cured, our job as nurses is still not done. It cannot stop until our patient is once more actively participating in community life."[4]

We recall that as preliminary students we were taught that "the three important and fundamental aspects and functions of nursing, common to all its various fields of activity, are: the maintenance of health, and health teaching; the prevention of disease; the cure of disease."[2] In planning the student's theoretical and practical experience during her education for nursing have we always used the facilities at our disposal to achieve that emphasis on *health* that the objectives suggest?

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We shall discuss individually these three important and fundamental aspects and functions of nursing, and attempt to indicate where opportunities lie to stimulate the health teaching and preventive aspects of the educational program in a school of nursing.

THE MAINTENANCE OF HEALTH, AND HEALTH TEACHING

"The vital part a nurse plays in health education cannot be overemphasized. She helps her fellow citizens to become intelligently aware of individual and community health problems so that they may share the responsibility for their solution, which is a duty to the community as well as to self and family. She interprets health needs, desirable health behavior, and the services of professional health agencies. In short, she stimulates people to want to know and to do something about their health—emotional, spiritual, and physical."[4] Is our nurse prepared to assume this function?

Are *specific courses* included in the curriculum to create in the nurse an awareness of this role? Is the course in personal hygiene geared to deal with "smelly feet and unruly hair" and similar problems, or do we, through it, make the nurse aware of her need for superior emotional, spiritual, and physical health, and her need to be a good citizen in the com-

munity which she serves? Is there a course in health teaching included in the curriculum, and if so is it so presented to the student that it becomes a part of her vital thinking and functioning? A treatise on principles and objectives may leave her confused and unable to make the practical application. Are the many opportunities utilized which exist in a hospital situation for the student to engage in formal or incidental teaching? Most students have some experience in teaching diabetic or maternity patients, but this idea could be developed further. For example, with adequate supervision student nurses could address other hospital personnel on health matters; senior students might act as "big sisters" during the orientation period and interpret the health program; through community affiliations lay groups could be addressed. A course in community health should create in the student an awareness of community resources, but theoretical instruction should be correlated with opportunities to visit and obtain supervised experience in such agencies.

Is each contact that the student has with the *health service* a learning experience? Are the facilities and the objectives of the health service made known to her during her orientation period; as she proceeds through training does she see these facilities used and objectives fulfilled? The information on the student's health record should be discussed with her, and then we have the right to expect her co-operation in the prevention or treatment of illness. Does the student have access to a *health counsellor* and, through her, access to psychiatric guidance?

Do we always use to the best advantage the facilities that are at our disposal in our hospital or community? For example, most hospitals have an out-patient department. Is the nurse's experience here a matter of routines or are the opportunities for health teaching and follow-up fully used? Early in her training do we provide opportunity for the student to gain supervised experience in *field agencies?* Does an adequate *referral system* function in your community between the hospital and community agencies so that the student may observe the *co-ordination* necessary for the total care of the patient?

The Prevention of Disease

The student's first introduction to the prevention of disease may be through her own inoculations and vaccination. If this routine is interpreted to her, she should gain an early appreciation of the philosophy of public health. Such regular procedures in the *health service* as physical examinations, chest x-rays, and weight-reporting then have purpose.

While the content and placement of *specific courses* in this field is important, we must not overlook the value of integrating the preventive, social, and community aspects in all phases of her learning experience. Is the *social worker* asked to participate in ward conferences; is the *public health nurse* on the school of nursing staff merely the administrator of the health service, or do we avail ourselves in our educational program of her positive approach to *health?*

No discussion of the prevention of disease would be complete without reference to the increasingly important role that *mental hygiene* is assuming in the total life of the nurse and patient. Nurses, like other human beings, have basic personality needs; by the time they enter training they have established patterns of adjustment which may or may not be sound. Provisions for the fulfilment of such essentials as the need for emotional security, independence, achievement, recognition, and a sense of personal worth is the responsibility of the school of nursing in the promotion of the mental health of the nurse. Then, too, "It is the task of the bedside nurse to nurse the patient out of fear and anxiety and insecurity. To do this she must supply to her patient security, confidence, relaxation, and the will-to-live. How effectively she does this will depend on her own inner resources—on her own soundness or unsoundness of mental health."[3]

The Cure of Disease

The overall plan of the curriculum in the past has been geared to fulfil this objective. Though the overall plan may be sound,. in individual *courses* the emphasis should be less on rare diseases and pathology, and more on the total care of the patient.

Does the sick student nurse gain an appreciation of the value of prevention, early treatment, and follow-up care, as a result of the treatment she receives through the *health service?*

Could the quality of nursing care given by student nurses be improved by more systematic rotation through the services of the hospital, with careful orientation in each? Are there sufficient clinical supervisors? Are library facilities freely available? Are case studies and ward conferences a useful tool or a headache to all?

Is there time during the basic program to develop these three aspects and functions of nursing? Once we accept the principle that nursing education and nursing service are two entirely separate entities, we can visualize the possibility of giving the student a broader training in an even shorter period of time. In addition, we must establish the separate duties of the graduate nurse, the nursing aide, the untrained ward maid, as well as the related role of the ward clerk. The case assignment method of giving nursing care will logically be chosen in place of the old and much abused efficiency method. Then the student shall begin to see the patient as a whole and gain joy and satisfaction in her work.

In conclusion, we public health nurses would like to make a plea for health-minded administrators, teachers, and supervisors in our schools of nursing. True, the program requires planning and direction by a responsible person such as a guidance-minded public health nurse. In a democratic administration all graduate nurses have equal opportunity in formulating policies and participating in the program; the natural curiosity of the student is capitalized; graduates from such a school are alert nurses, capable of guidance and leadership in community activities. We submit that: "Varying types of schools can develop varying degrees of skills, but all schools are responsible for appreciations, attitudes, and beginning skills in health nursing."[1]

Quotations

1. Committee on Integration of Social and Health Aspects of Nursing in the Basic Curriculum. 51st annual report, N.L.N.E. 1945.

2. Harmer, Bertha. Principles and Practice of Nursing. Macmillan Co., Toronto. 1936.

3. Laycock, S.R. Director, Division on Education and Mental Health, National Committee for Mental Hygiene, Ottawa. The Mental Health of the Nurse. (*pamphlet*).

4. Petry, Lucile. Community Nursing — The Challenge of Nursing Education. 52nd annual report, N.L.N.E. 1946.

First Industrial Nurse in Canada

Sarah A. Wallace

A question frequently asked is, "When did industrial nursing begin in Canada?" This question led to some inquiry which has been carried on over a period of years, including visits to plants and latterly requests for information published in nursing and trade journals. Available evidence indicates that the first industrial nurse in Canada was Miss M. Olive Bradley, employed February 1, 1908, by the Plymouth Cordage Company, Welland, Ontario. Payroll records on file with the company verify this date.

Miss Bradley was born in Merritton, Ontario. After completing two years of

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high school she was accepted as a student in the Toronto General Hospital Training School for Nurses, finishing her training November 13, 1907. Graduation exercises for her class were held June 17, 1908, and upon graduation she was awarded the first prize in practical nursing presented by the late Dr. J. W. E. Brown. About the time Miss Bradley finished training, the Plymouth Cordage Company, Plymouth, Mass., established a Canadian branch at Welland. Since they had a nursing service at the Plymouth plant, they planned a similar service for Welland and were seeking a nurse for the position. Miss Bradley was interviewed by the late Mr. Henry Stoddard, plant superintendent, but as it was so near Christmas vacation it was decided that she would not begin work until February 1, 1908.

Before setting up the service in the Welland plant, Miss Bradley was sent to Plymouth for a month of observation and orientation in this new field of nursing. The plant, which now is within the Welland city limits, was then on the outskirts of the city. Houses were built for the workers and a kindergarten for the children. During the years Miss Bradley was nurse with the company, living accommodation for her was provided in the company-owned buildings.

The original first aid centre was two rooms — one for general treatment and recovery, the other used as a nurse's office and record room.

Establishing a service was somewhat difficult at first as some of the workers, except those who had come with the company from Plymouth, viewed the nurse with some suspicion. The nurse went to the plant at 9:00 a.m. staying there to do dressings and see employees until about 10:00 a.m. The balance of the day was spent visiting the homes of workers, giving bedside care, assisting with confinements, and doing health teaching. Visiting was confined to the company-owned houses or those within walking distance of the company property except for unusual cases. The nurse did not return to the plant again the same day unless called or unless operations required a night shift. When a night shift was working Miss Bradley returned to see employees and do dressings for those going on duty. During the hours the nurse was visiting in the homes, a person trained in first aid was available in the plant to look after accident cases. Miss Bradley recalled how she welcomed the starting of a public health nursing service in Welland which relieved her of some of the work in the homes.

Facilities for entertainment in the community during these early years were limited, so the company built Plymouth Hall, in 1908, as an employee recreational centre. Luncheon facilities were provided and the hall used for entertainments. Later additions to the building provided two pool tables, one billiard table, three bowling alleys, and a circulating library. Space was also provided in Plymouth Hall to teach sewing and classes were held for workers and their families. Miss Bradley recalled that these were popular and well attended. Another unique annual event was the Fair.

In the early years the health service program did not include physical examinations but doctors were on call for emergency care. Dr. Gus Davis, who later was lost with the sinking of the hospital ship *Llandovery Castle*, was first on call. He was followed by Dr. W. K. Colbeck still in active practice in Welland. Dr. H. D. Cowper, the present plant physician, was the first part-time physician, and began making regular visits to the plant in 1932. Physical examinations and consultations with employees for health problems were then included in the program.

Miss Bradley, who recently died in Welland, remained with the firm for thirty-two years, retiring in 1940. A treasured possession was a company pin honoring her years of service.

One other firm, starting a nursing service only a little later and with its headquarters in Canada, was the McClary Manufacturing Company, London, Ont. This company had encouraged the development of various welfare measures for some years, including a benefit association. In the summer of 1909, Col. W. M. Gartshore, vice-president and general manager of the company, visited the National Cash Register Company at Dayton, Ohio, in connection with these services. Shortly after his return a nurse was appointed by the company and began the nursing service November 1, 1909. This position has been filled continuously since that date. Other services were started during the years of the first world war and have increased steadily in number.

It is regretted that at the time of writing, as we observe the fortieth anniversary of industrial nursing in Canada, Miss Bradley was confined to hospital in Welland. Industrial nurses in Canada join in paying tribute to Canada's first industrial nurse.

INSTITUTIONAL NURSING

Contributed by the Committee on Institutional Nursing of the Canadian Nurses' Association

Titles and Definitions

IN THE PAST there has been great diversity of interpretation of the various titles designating institutional positions for nurses. To promote effective placement, preparation, and functioning of personnel and to avoid confusion in comparing administrative practices of different institutions, it would seem advisable that we agree on certain common titles for nurse positions in hospitals and that we clearly define them. Greater uniformity in terminology would give both employer and employee a common understanding of what each type of position requires in the way of responsibilities, qualifications, and preparations.

As a first step in assisting institutions in establishing a uniform nomenclature, the Committee on Institutional Nursing, C.N.A., selected sixteen titles of positions commonly held by nurses employed in a hospital or school of nursing. In the choice of terminology, we endeavored to select titles which described the major functions of the position designated. Each title was briefly defined.

A copy of the proposed titles and definitions with a suitable covering letter and questionnaire was sent to the executive secretaries of the provincial associations requesting them to have copies made and distributed to each hospital in their own province. The replies were to be forwarded to our committee for further action. The questionnaire was intended to convey to us the opinion of a large and scattered group of institutional nurses on our proposed titles and definitions.

The response to the questionnaire was very encouraging. One hundred and eighty-two institutions replied. The titles and definitions are listed as follows:

Director of nursing and principal of the school: The person responsible for the organization and administration of the nursing service of the hospital and school of nursing.

Director of nursing service: The person responsible for the organization and the administration of the nursing service of the hospital.

Associate director or assistant director: A person who shares all or part of the duties and responsibilities of the director.

Supervisor: One who is responsible for the administration of the nursing service of a clinical department of the hospital, such as medicine, surgery, obstetrics, pediatrics, operating-room, out-patient, etc., usually composed of two or more units, each under the direction of a head nurse.

Supervisor and instructor in nursing: One who is responsible for the administration of the nursing service and for the classroom and clinical instruction of student nurses in a major department of the hospital, such as medicine, surgery, etc.

Assistant supervisor: One who shares all or part of the duties and responsibilities of a supervisor of a major clinical department of the hospital.

Head nurse: A nurse who is responsible for the nursing care of the patients and for the management of a unit or ward of the hospital.

Head nurse and instructor in nursing: A nurse who is responsible for the adminis-

tration of the nursing service in a single ward or unit.

Head nurse and assistant instructor in nursing: A nurse who is responsible for the administration of the nursing service in a unit or ward of the hospital and for the supervision and instruction of student nurses in that ward or unit.

Assistant head nurse: One who shares all or part of the duties and responsibilities of the head nurse.

General staff nurse: A nurse who performs nursing service of a general nature in any unit of the hospital.

Special duty nurse: A nurse employed by a private individual or agency for the bedside care of one or more patients.

Instructor in basic sciences: One who teaches biological or physical sciences in a school of nursing.

Instructor in nursing arts: One who teaches the basic principles and practices of nursing.

Clinical instructor: One who is responsible for the classroom and clinical instruction of student nurses in a *major* area, such as surgical nursing, medical nursing, obstetrical nursing, or a subdivision of these.

Assistant clinical instructor: One who shares all or part of the duties and responsibilities of a clinical instructor.

The above titles and definitions were submitted to the Executive Committee, C.N.A., for consideration, discussion, and approval. The Committee on Institutional Nursing recommends the following:

That the titles be used by the national and provincial associations in all their relations with hospitals or other organizations.

That an effort be made by provincial associations to encourage their adoption by hospital staffs.

The committee also wishes to thank the executive secretaries who gave us their support in this project.

SISTER DELIA CLERMONT

Chairman, Committee on Institutional Nursing, Canadian Nurses' Association.

The Why's and Wherefore's of Your Job

GERTRUDE M. HALL

A VERY ABLE nurse administrator, hearing the term "Job Analysis" for the first time some years ago, turned to her colleague and said, "Whatever do they mean? What next will they be talking about?" Deliberation for a moment on the implications of the term brought forth the quick retort, "Why, of course, it just means analyzing your job, describing it, in other words, and determining what responsibilities are involved; simple isn't it?" Yes, it may be simple when put in so many words, but the value of the actual study of a job analysis has not yet been fully realized, nor have the techniques been understood.

In an address to a hospital conference last year, Mr. N. A. Leigh, District Staff Training Officer, Department of Veterans Affairs, Vancouver, B.C., discussed job analysis, its functions and values, and we are glad to note that a copy of this excellent address appears in the March, 1948, issue of *The Canadian Hospital*. Speaking of the value of a study of jobs, he states:

Job analysis is not suggested as a cure-all for personnel problems. It is a part — a preliminary and basic tool — of personnel work. With it, job testing, job evaluation, training, placement, etc., can be refined and improved. It does not replace the latter functions, it implements them.

During the war, and with little or no improvement since, hospital administrators have been concerned with the ever-increasing problems associated with the continual and rapid turnover of personnel. Measured in terms of dollars and cents alone, the costs involved would, without doubt, stagger the most complacent among us. Added to this, there has been the unrelenting wear and tear and the drain upon the physical and mental resources of the admin-

istrator, who, in the final analysis, must accept the full responsibility for the quality of the service of the institution.

Caring for patients and serving a critical public for twenty-four hours a day, three hundred and sixty-five days a year, striving heroically to obtain and retain the necessary personnel to provide that service, has been a miraculous feat during the past decade. The wonder is that any are left to tell the tale. Our guess is that if those of us who are inclined to be critical of administrators, or of management (the term now commonly used) had tried to steer the ship for one week, or even for one day, under these conditions, many of us would have headed for shore, cast anchor and docked for good.

It is not surprising then, that the Committee on Institutional Nursing of the Canadian Nurses' Association, under the capable chairmanship of Rev. Sister D. Clermont, realized the full complexity of the problem of providing hospital personnel and decided to prepare a *Manual of the Methods of Job Analysis and its Related Techniques Applied to Hospital Organization*. Even a brief glance through its pages has stimulated those thus privileged to request copies as soon as possible. Many orders have already reached our desk.

The Manual represents many hours of research, reading, study, and planning on the part of the members who compiled it. Great appreciation has been expressed by the Executive Committee of the Canadian Nurses' Association for the time and effort given so generously on a voluntary basis. It is anticipated that every hospital in Canada will wish to have several copies of the Manual, so that heads of departments and supervisors, as well as directors of public health organizations, may have the means of analyzing the work of those for whom they are responsible and evaluating the performance of employees in terms of the duties they are expected to carry out. Let it not continue to be said, in too many cases, that employees are evaluated in terms of traits, such as personality, voice, and appearance, while pertinent items upon which they should be rated include how well they perform each phase of their task.

Copies of the Manual, at a cost of **One Dollar**, may be obtained from the office of the **Canadian Nurses' Association, Suite 401, 1411 Crescent St. Montreal 25, Que.**

Vulvitis

Irritation of the vulva is a common complaint occurring most frequently about the time of the menopause. Itchiness and mild formication are the commonest symptoms. The natural reaction is scratching but at times this may damage the skin and lead to secondary infection either from bacteria or fungi.

Infections of the scalp may be transferred to the vulva through the shower bath. Similarly, fungus infection on the feet may be transferred through sitting directly in the imprint in a tub bath. Contaminated toilet seats may lead to infection. Diminished evaporation or oversecretion may lead to softening of the skin in that area. Some constitutional diseases, such as diabetes, predispose to vulvitis.

Cleanliness through adequate hygiene is essential. Proper ventilation will keep the area dry. Ointments which predispose to maceration should be avoided. Even fine talcum may be irritating. Hypertonic salt solution effectively inhibits the growth of bacteria and fungi. Surgical intervention may be necessary in some conditions.

—*The Urologic and Cutaneous Review*

South Africa's Gift

Just over a year ago, General Smuts, in the name of South Africa, handed to Mr. Attlee, as the British Prime Minister, the generous gift of £1,000,000 for the people of Britain. Contributors to the gift included the people of the Union of South Africa, of Basutoland, of the Bechuanaland Protectorate and Swaziland, and the inhabitants of Durban and the province of Natal. The proposals for allocating the gift were made known by an all-party committee of members of Parliament, headed by the Speaker, which recommended a gift of £30,000 to provide a rest-break home for nurses in the north of England, through the Royal College of Nursing. The first permanent rest-break home was Barton Hotel, Barton-on-Sea, Hampshire, which was established by the Council for the Provision of Rest-Break Homes for Nurses and Midwives. The new hotel, which South Africa's gift will bring into being, will supply the northern half of the country with a much needed holiday hotel for nurses and midwives. Since the Buxton Hotel was closed, nurses from the north have had to journey south in order to enjoy the facilities offered by these special hotels. — *Nursing Times*

AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

La Corrélation entre la Théorie et la Pratique

SOEUR JEANNE FOREST

A l'hôpital comme à domicile et dans tous les endroits où il y a des malades à soigner, on réclame la présence de l'infirmière idéale, de celle qui, en plus de la compétence technique, possède l'art de comprendre la nature humaine, de la considérer comme étant formée non seulement d'un corps, mais aussi, et surtout, d'une âme raisonnable, de l'infirmière qui sait observer, compatir, encourager et découvrir dans l'âme du malade la blessure qui fait souffrir et retarde ou empêche même la guérison. Oui! il nous faut des infirmières compétentes possédant la science, l'art et l'idéal du nursing, c'est-à-dire, joignant à une culture générale étendue et indispensable une culture professionnelle de la plus haute valeur. Au service des membres souffrants de Notre-Seigneur, il n'y a pas de place pour des médiocrités.

Toutes, nous sommes d'accord sur ce point; mais le sommes-nous sur ce qui constitue une infirmière compétente? Comme le dit le programme d'études: "Puisque nous préparons des infirmières, il est important que l'on s'entende bien sur ce que doit être une infirmière. Aucun programme, quelque excellent qu'il soit, ne saurait atteindre son but, à moins que les éducatrices comprennent bien elles-mêmes ce rôle primordial et y aient foi."

Pour nous diriger vers cette unité de vues indispensable, voyons d'abord ensemble ce pourquoi nous préparons l'infirmière, c'est-à-dire le nursing tel qu'on le conçoit actuellement. Le nursing est la science et l'art d'appliquer au malade en tant que personne humaine, membre d'une famille et de la société, tous les principes de la médecine préventive et curative, de la psychologie et de l'hygiène mentale dans le but de le guérir, de prévenir les rechutes et de promouvoir le meilleur état de santé possible. Pour nous, infirmières catholiques, nous soignons les corps pour atteindre les âmes, car, comme le dit bien saint Thomas, si les besoins de l'âme surpassent ceux du corps, il faut souvent néanmoins soulager d'abord ce dernier pour faire du bien à l'âme.

Prenons une à une les différentes idées contenues dans la définition du nursing énoncée plus haut. Nous y voyons que le malade doit être considéré comme un individu, une personne humaine ayant des besoins particuliers qui doivent être compris et satisfaits; ce malade est aussi membre d'une famille bien affectée par cette souffrance d'un être cher, et cette douleur fait écho dans les pensées de notre malade; il y a aussi les inquiétudes causées par l'état d'impuissance et d'insécurité où la maladie plonge ceux qu'elle étreint, la

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peur du lendemain, que sais-je encore; membre de la société, le malade a droit aussi à tous les avantages qu'elle peut lui procurer pour son rétablissement et sa réhabilitation. En second lieu, il faut chercher non seulement à guérir les maladies, mais à prévenir les rechutes par un enseignement continuel de l'hygiène physique et mentale, par la parole et l'exemple. Ces services s'étendent non seulement aux malades qui ont besoin de recouvrer la santé, mais aussi aux bien portants qui veulent conserver ce trésor, le plus grand bienfait d'ordre matériel.

Cette définition du nursing n'est pas nouvelle, loin de là. Saint Vincent de Paul, dans ses conférences du dimanche aux Filles de la Charité, insistait aussi pour qu'elles fassent de leur soin au malade un service individuel, familial et social.

Nos infirmières ont donc un grand rôle à jouer dans tout programme de santé, rôle qui exige des connaissances et du savoir-faire, non moins qu'une personnalité bien développée à tous points de vue. Des enquêtes ont été faites au Canada et aux Etats-Unis dans le but de renseigner sur ce qu'une infirmière doit savoir: *Science*, ce qu'elle doit être capable de faire; *Art*, ce qu'elle doit être ou devenir; *Idéal — Personnalité*, car il faut les trois aspects Science, Art et Idéal, pour avoir une éducation complète. Nous nous guiderons sur le résultat de ces recherches, en y ajoutant la considération du point de vue moral et religieux pour concrétiser le but de l'éducation professionnelle. Aux toutes premières pages du programme d'études, on trouve à peu près en ces termes ce qu'une infirmière doit savoir et être capable de faire. Toute infirmière professionnelle doit pouvoir:

(1) Observer et interpréter les symptômes au point de vue physique, mental et émotionnel. (2) Donner tous les soins professionnels aux malades dans tous les cas de maladie, soins qui comprennent l'hygiène, l'alimentation, les médicaments et les traitements. (3) Elle doit savoir maintenir une ambiance saine et agréable pour le malade et lui enseigner effectivement les principes d'hygiène physique et mentale. (4) Elle doit être capable d'appliquer elle même ces principes et entretenir de bonnes relations avec les médecins, les autorités de l'hôpital, les compagnes, ainsi qu'avec le personnel des autres institutions qui coopèrent au soin du malade. (5) Elle doit aussi procurer au malade les secours de sa religion.

Ajoutons à cette science et à ce savoir-faire, ce qu'une infirmière doit être ou devenir, c'est-à-dire, les traits de personnalité qu'elle doit posséder ou travailler à acquérir. Chrétienne convaincue, l'infirmière doit rayonner la santé, être intelligente, compétente, fiable, calme, charitable et dévouée, polie, agréable et cultivée; elle doit être une personne qui inspire confiance, qui a de l'initiative, qui coopère bien, aime son travail, et a vraiment le sens de ses responsabilités. Educatrices des infirmières de demain, à nous de donner à nos étudiantes l'art, la science et l'idéal du nursing, afin de réaliser ce chef-d'oeuvre qu'est une infirmière catholique professionnelle!

Pour atteindre ces buts, qu'avons-nous à notre disposition? La jeune fille nous arrive vers 18-19 ans, pleine d'ardeur et d'enthousiasme, les yeux bien ouverts sur un idéal à réaliser; adolescente encore, il faut continuer son éducation et la guider vers sa destinée éternelle. Le terrain est fertile, à nous d'y jeter la bonne semence! L'étudiante vient passer trois ans à l'école d'infirmières, trois belles années. A l'école ai-je dit! Est-ce bien à l'école? Combien de temps passe-t-elle à l'école en comparaison de celui qu'elle passe à l'hôpital? Où reçoit-elle son éducation? A l'école ou à l'hôpital? Aux deux endroits, n'est-ce pas? Oui, chacune de ces deux institutions a une part importante à remplir dans cette éducation que l'on veut intégrale. Dans un programme bien organisé, en effet, la formation est continuelle, que l'étudiante soit en classe ou en service auprès des malades.

Nous avons vu que le nursing est une science et un art. Notre programme de formation doit donc comprendre l'étude des principes du nursing et une série d'expériences cliniques permettant d'appliquer ces mêmes

principes au soin des malades. Pour que ces expériences cliniques soient réellement éducationnelles, elles doivent être bien organisées, c'est-à-dire en relation de temps et de contenu avec l'étude des principes. C'est une grave erreur de considérer la théorie et la pratique comme deux choses distinctes, n'ayant aucun rapport entre elles, et pourtant cela se voit fréquemment. Les cours sont répartis plus ou moins également sur la période des trois ans, sans prévoyance aucune du temps où l'élève pourra appliquer les principes appris. De même le roulement des étudiantes entre les divers départements est fait sans considérer qu'avant d'appliquer intelligemment un principe, il faut nécessairement l'avoir appris. N'oublions pas que la théorie et la pratique sont deux aspects d'une même chose, l'un et l'autre essentiels; la théorie donne la raison d'être de la pratique, elle l'améliore et la rend plus intéressante, pendant que la pratique intelligente stimule les infirmières à penser, à juger, à acquérir plus de connaissances. Les deux aspects, théorie et application pratique, se complètent et s'expliquent l'un l'autre et doivent être développés en relation l'un de l'autre, c'est-à-dire qu'il faut de la corrélation.

Il faut de la corrélation, c'est évident. Quels moyens avons-nous pour l'assurer? Quelle en est la personne responsable? Madame Eugenia K. Spalding, une autorité en la matière, dit que le meilleur moyen d'avoir de la corrélation est de déterminer d'abord le but précis et le contenu de notre programme, puis décider ensuite comment, par qui et où telle partie, tel sujet sera enseigné. Les cours préparés de cette manière exigent un travail de groupe auquel tous les membres de la faculté doivent participer. L'institutrice de même que l'hospitalière se serviront du malade comme centre de leur enseignement. L'institutrice en enseignant les principes verra à les appliquer à un cas concret et l'hospitalière, à ce que son enseignement clinique soit conforme aux principes reçus en classe et à en montrer l'application. Corrélation suppose donc coopération, beaucoup de coopération de part et d'autre. Les réunions régulières de la faculté sont indispensables à l'unité des esprits qui prépare à celle de l'action. Quelle est donc la personne responsable de la corrélation? Mais toutes, mais chacune, depuis la directrice jusqu'à l'infirmière en service général participent à cette grande oeuvre. La directrice du programme d'éducation et la directrice du nursing, ou toute autre personne responsable du soin des malades dans l'hôpital, décideront d'un commun accord, l'ordre à suivre dans les cours et les stages; et puisqu'il est plus facile apparemment d'adapter les cours à l'expérience, que l'expérience aux cours, le roulement entre les différents services est d'abord fixé.

Un roulement bien fait est basé sur plusieurs principes dont nous verrons ici les principaux. Le roulement doit être établi d'après les besoins des élèves et les ressources cliniques de l'hôpital. Il doit permettre, pour chaque élève, une expérience complète, croissante et acquise dans un ordre logique. Expérience complète, c'est-à-dire que chacune des élèves aura de l'expérience dans tous les services considérées essentiels à sa formation; expérience croissante, c'est-à-dire allant du plus facile au plus difficile; en pratique, cela signifie que l'élève ira dans les services généraux avant d'être assignée aux services spécialisés, par exemple, en chirurgie avant la salle d'opération. L'ordre suivi doit aussi être logique, chaque expérience préparant l'étudiante pour celle qui suivra. En se guidant sur le but pour déterminer l'ordre suivi, nous serons certaines d'observer un ordre logique.

Les quelques principes énoncés plus haut montrent bien qu'il est nécessaire d'avoir un plan de roulement bien déterminé, dans lequel seront prévues toutes les expériences pour chacune des élèves et l'ordre dans lequel elles seront acquises. Ce plan se fait pour les trois ans du cours, dès l'admission de chaque groupe d'étudiantes. S'il ne peut être suivi à la lettre, il est tout de même une aide

très précieuse et il est assez facile de remédier aux changements inévitables. Les expériences doivent avoir une valeur à peu près identique pour toutes les infirmières et les interruptions évitées autant que possible. En observant tous ces principes, pensons toujours à celui-ci toutefois: le bien-être, la sécurité du malade seront toujours la première considération.

Le plan de roulement étant bien défini, on déterminera l'ordre dans lequel les cours seront donnés. La théorie doit accompagner la pratique ou la précéder, jamais la suivre. Ce serait tout à fait anti-éducationnel que de placer une élève dans un service pour lequel elle n'a reçu aucune préparation préliminaire.

Tout ce que nous venons de voir prépare la corrélation, mais ne la garantit pas; un milieu favorable s'impose. Qu'est-ce à dire, sinon que tout dans le département doit être organisé pour l'enseignement continuel. L'élève passe environ 10 pour cent de son temps en classe et 90 pour cent dans le département; c'est donc dans ce dernier qu'elle acquiert la plus grande partie de sa science professionnelle. Elle doit constater que les choses se font telles qu'on le lui a enseigné. Que pensent les élèves lorsque le contraire arrive? Elles sont toutes désorientées, et avec raison. Puisque l'infirmière est destinée à enseigner aux autres, il est nécessaire que partout, à l'hôpital et à la résidence, elle trouve les lois de l'hygiène appliquées, afin qu'après en avoir bénéficié, elle soit plus convaincue et plus convaincante. L'ambiance a une influence incontestable, bonne ou mauvaise, sur l'élève infirmière. La personnalité de l'hospitalière et la compétence de sa surveillance contribuent beaucoup à la formation d'une ambiance éducationnelle désirable. Sans nous arrêter à la personnalité de l'hospitalière, voyons les qualités de sa surveillance. Elle doit être un stimulant, une direction basée sur les principes d'éducation et la considération des différences individuelles. Il est de toute nécessité que l'hospitalière se renseigne sur la manière dont les techniques sont enseignées en classe; l'assistance aux démonstrations et même à certains endroits, l'enseignement de ces mêmes techniques par l'hospitalière, sont d'un grand secours. L'on fera bien de procurer à chaque hospitalière une liste des principaux points à observer dans une évaluation de technique. Il est incroyable, le nombre de choses qui peuvent nous échapper quand on n'a pas de point de repère. En parlant de techniques, qu'il me soit permis d'ajouter que l'uniformité dans l'hôpital est indispensable. Les infirmières de service général même devraient se conformer à celles de l'institution. Il faut leur en faire une démonstration, si nécessaire, et les placer devant leur responsabilité dans un hôpital où se trouvent aussi des étudiantes.

L'hospitalière se tracera un plan de surveillance et se fera un devoir d'y être fidèle. Le meilleur moment est au commencement de l'avant-midi, alors que toutes les étudiantes sont au travail. Elle profitera de sa visite aux malades pour observer les élèves et les aider, tout en les instruisant. Mille et une occasions se glissent de donner un bon conseil, de prêter main forte. Il va sans dire que pour être bonne hospitalière, il faut d'abord être bonne infirmière et en plus avoir une connaissance étendue de sa spécialité.

L'enseignement est continuel, avons-nous dit, individuel ou collectif. Cet enseignement qui se donne au département s'appelle enseignement clinique; c'est le grand moyen de corrélation. Il y a l'enseignement clinique organisé et l'enseignement occasionnel. Nous ne nous arrêterons qu'à ce dernier, car il faut bien se borner, n'est-ce pas. Cet enseignement occasionnel donné précisément au moment où l'élève en a besoin, ou quand un événement intéressant se présente, est très précieux et ne saurait être remplacé. Par exemple, un malade arrive dans le coma diabétique. L'hospitalière lui fait donner les premiers soins, tout en prenant l'occasion de faire observer les symptômes par toutes les élèves présentes au département. Elles ne l'oublieront pas — les élèves apprécient beaucoup cela

et avec raison, c'est captivant. Comme le dit si bien Mlle Giroux, si nous agissons toujours ainsi, nous ne manquerons pas d'applicantes, au contraire, nous en aurons trop. Le point capital, c'est de tout faire converger vers le malade, c'est lui le personnage intéressant; en classe et au département, qu'il soit toujours le centre de notre enseignement, pour le rendre vivant et pratique. Les principes énumérés plus haut au sujet du roulement entre les différents services s'appliquent à la rotation dans le département même, afin que l'élève retire une formation complète de toute l'expérience possible dans ce service.

Donc, corrélation entre théorie et pratique, corrélation aussi entre les matières du cours et les différentes expériences, il le faut pour avoir de l'unité dans l'esprit de l'élève.

Il n'y a certes pas de monotonie dans l'éducation des infirmières, surtout pour une hospitalière. C'est intéressant et captivant; de réelles difficultés peuvent s'y rencontrer, mais elles ne sont pas insurmontables. La plus fréquente est le manque de temps. Il faut quelquefois réorganiser tout son travail, surtout ne pas vouloir tout faire par soi-même, savoir déléguer ses responsabilités. D'autres difficultés sont causées par le manque de préparation; la cause connue, il est relativement facile d'y remédier. Nous laisserons les autres difficultés pour la discussion qui suivra.

Je résume les principaux points de cette conférence: L'éducation de l'infirmière est une oeuvre de collaboration. Les personnes qui en sont responsables doivent être préparées à leur tâche, avoir une unité de vues et d'action indispensables. Tout l'enseignement, pour être vivant et intéressant, doit converger vers le malade. Plus on amènera le malade à la classe et la classe au département, plus le soin du malade sera bon et l'éducation de l'infirmière solide. C'est ce qu'on appelle corrélation; en réalité, le terme le plus approprié serait intégration, car il y a corrélation entre des choses distinctes, tandis que dans l'intégration, c'est l'unité. Je reconnais n'avoir donné ici qu'une faible idée de la corrélation, mais il y a tout de même, espérons-le, de quoi faire penser.

Ensemble, donc, directrices, hospitalières, institutrices. "Cor unum et anima una," un seul coeur, une seule âme pour la réalisation de notre idéal, la formation d'infirmières professionnelles. Difficile est notre travail, c'est vrai, mais les fruits en seront beaux. Nous ne les verrons pas tous "car on ne sait jamais tout le bien que l'on fait quand on fait le bien"; tout ingrat qu'il paraisse, notre travail porte avec lui sa récompense, faible idée de celle que nous réserve le bon Dieu pour qui seul, en définitive, nous voulons travailler.

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A Note of Apology

The authors of "Three Centuries of Canadian Nursing" deeply regret that on page 368 it is erroneously stated that Miss Harriet Meiklejohn died in 1943. They offer their apologies for the fact that this error was not detected before the book was printed, and are happy to report that Miss Meiklejohn is very much alive and is now living at 316 St. George Street, Toronto.

JOHN MURRAY GIBBON
MARY S. MATHEWSON

Surgery in the Aged

The ills of the elderly patient are rarely single. He will accept operation for the relief of pain, but frequently he is inclined to regard any other operative procedure as not worth the gamble. A sympathetic examination of the problem with a suggestion as to what the future may hold for him suffices usually to persuade the elderly patient to accept a necessary operation. It is surprising how well these patients tolerate formidable operation when adequately prepared to withstand the ordeal.

Poster Competition Winners

First announced in October, 1947, the poster competition, sponsored by *The Canadian Nurse*, closed on March 1, 1948, with a total of seventeen entries. Awards of fifteen dollars had been promised for the best entry from each of the nine provinces with a grand prize of an additional fifteen dollars for the best of the nine posters. Unfortunately, entries were received from only five provinces. It has been decided, therefore, to give two extra prizes. In addition to the awards made by the *Journal*, the Prince Edward Island Registered Nurses Association offered a prize for the second best poster submitted from that province. The provincial awards are as follows:

British Columbia: Cathryn A. Jamieson, Royal Jubilee Hospital, Victoria; *Nova Scotia:* Marion Shore, V.O.N., Halifax; *Ontario:* P. McDermott and H. Fraser, St. Joseph's School of Nursing, Peterborough; *Prince Edward Island:* B. Pendleton, P.E.I. Hospital, Charlottetown; *Quebec:* D. Watson, Royal Victoria Hospital, Montreal.

The grand prize was awarded to Miss Marion Shore. The first special prize was awarded to Misses P. McDermott and H. Fraser. A second special prize and honorable mention goes to Mrs. Phyllis M. St. John of Toronto. Phyllis Hughes at the Charlottetown Hospital won the second prize awarded by the P.E.I. R.N.A.

Our congratulations to all these winners! The *Journal* is grateful to these participants for this nucleus of what it is hoped in the years to come will grow into a useful and valuable collection of posters which can eventually be sent on loan to the various provinces to stimulate still greater interest among the nurses in their own professional magazine.

℞ *Chuckles* P.R.N.

Commonly found types of protozoa are mosquitoes, lice, and fleas.

When collecting sputum specimens ask the patient to expectorate enough to cover a twenty-five cent piece.

Use a spectrum to take a vaginal smear.

Some textbooks say the ureters are in the pelvis while others disagree.

Lister discovered the use of Listerine as an antiseptic.

Mother in district to visiting nurse: "No, nurse, I never take aspirins for me arthuritis. The doctor says I have an idio-nose-in-crazy for it."

Vaccine is obtained from the blood of a horse into which the disease germs of a disease which will combat and overcome the disease germs of the disease which the vaccine is to prevent has been injected.

Emergency treatment for a fracture consists of taking an x-ray before and after to be sure it is all right.

The Eustachian tube unites with the trachea and delivers food to the stomach.

Hemoptysis is labored breathing.

Pregnancy at best is an annoying and tiresome condition.

Congenital Syphilis

Every person with acquired syphilis is considered potentially responsible for the infection of at least one to three or more additional individuals. Among syphilitic mothers only about 17 per cent of pregnancies result in the birth of living, non-syphilitic children. The remaining 83 per cent result in miscarriages, stillbirths, or living children with the disease. All of this could be prevented and congenital syphilis wiped out if *all* women would seek medical care before the fifth month of pregnancy, if *every* physician would include a blood test routinely in his examination, if every pregnant syphilitic woman were to receive prompt and adequate treatment.

— J. A. KOLMER, M.D.

Nursing Profiles

Edith McDowell, who was appointed dean of the School of Nursing at the University of Western Ontario a year ago, has been having a most interesting experience in reorganizing programs and laying the ground work for advanced courses in nursing education. Miss McDowell was born in Ireland and moved with her family to Canada at an early age. She grew up in Brandon, receiving her education in the Manitoba schools. She graduated from the Royal Victoria Hospital, Montreal, in 1930, and after a post-graduate course at the McGill School for Graduate Nurses, began her teaching career at the Sherbrooke (Que.) Hospital.

From 1934-41 she was on the staff of the Winnipeg General Hospital as science instructor. She was then appointed director of Health Education at the Winnipeg Normal School, later becoming director of Health Education with the Manitoba Department of Health. From 1936-38 she was president of the Manitoba Association of Registered Nurses with which association she had served in various other capacities.

In 1946, Miss McDowell received her B.Sc. (nursing) from Columbia University and the following year her Master of Arts degree in administration in institutions of higher education. She is a member of the Pi Lambda Theta Honor Society. Her hobbies are reading, music, and walking.

Miss McDowell will be consultant in the workshop dealing with Newer Methods of Teaching at the biennial convention of the C.N.A. in Sackville this summer.

The Department of Veterans Affairs has announced that **Agnes C. Neill,** O.B.E., R.R.C., LL.D., has been appointed Ontario Area nursing consultant for the department.

Miss Neill, formerly matron-in-chief of the Royal Canadian Army Medical Corps overseas, and at National Defence Headquarters in Ottawa until late 1946, will co-ordinate the nursing services in the three province of Ontario districts of the Department of Veterans Affairs. These are located at Kingston, Toronto, and London.

A graduate of the Toronto General Hospital School of Nursing, with post-graduate studies in hospital administration at Bedford College, University of London, Miss Neill has had an outstanding nursing career. She was on the staff of the Toronto General Hospital at the time of the outbreak of World War II, when she was appointed matron of No. 15 Canadian General Hospital, R.C.A.M.C., going overseas with that unit in the summer of 1940. She was appointed matron-in-chief

EDITH MCDOWELL

Ashley & Crippen, Toronto

AGNES C. NEILL

overseas in 1942, following the retirement of Matron-in-Chief Emma Pense. Miss Neill served in that position until 1945, when she returned to Canada to become matron-in-chief in Ottawa until her retirement in 1946.

Miss Neill is actively engaged in several professional nursing organizations in Toronto, being at present the president of the Toronto Unit, Nursing Sisters' Association, the president of the Toronto General Hospital Alumnae Association, a member of the F.N.I.F. Committee of the Canadian Nurses' Association, a member of the Nursing Advisory Committee of the Canadian Red Cross Society, as well as being on the board of the Toronto Day Nursery.

Miss Neill will make her headquarters in Toronto.

Helen Gertrude Hewton, R.R.C., has been appointed superintendent of nurses at the Herbert Reddy Memorial Hospital, Montreal. A graduate of the Montreal General Hospital, Miss Hewton served overseas as assistant matron of No. 1 Canadian General Hospital in Italy and later as principal matron of No. 1 C.G.H. in Italy and No. 11 C.G.H. in England. On her return to Canada following four years overseas, she was posted as principal matron to Pacific Command Headquarters in Vancouver and retired from the army in 1946.

Olive Jefferson has been appointed assistant superintendent of nurses at the Stratford General Hospital, Ont. Miss Jefferson is a graduate of the Woodstock General Hospital, Ont., with post-graduate work at the University of Toronto School of Nursing. During World War II, she was with the R.C.A.M.C. for four years, two of which were spent with the No. 2 Canadian General Hospital in Italy.

Emily S. (Bjarnason) Miles has been appointed instructor for the Practical Nurse course which the Vancouver School Board has set up. Mrs. Miles is a 1937 graduate of Saskatoon City Hospital. Following graduation she was employed as a general staff nurse and also worked in a doctor's office. Then in 1939 she took a post-graduate course in psychiatry at the Ontario Hospital, London. In 1942 she completed her certificate course in teaching and supervision at the University of Western Ontario. She proceeded to the Provincial Mental Hospital, Ponoka, Alta., where for one year she was instructor, returning to the Ontario Hospital, London, where she taught for the next three years.

Mrs. Miles' work with this new group will be watched with great interest.

OLIVE JEFFERSON

Marie Johanna Boulter is matron of the Penticton General Hospital, B.C. Mrs. Boulter graduated in 1926 from Lamont Public Hospital, Alberta. Previously, she had been matron of the Nicola Valley General Hospital, Merritt, Ocean Falls General Hospital, and Mission (B.C.) Memorial General Hospital.

Christine MacArthur has joined the staff of the Winnipeg branch of the Victorian Order of Nurses for Canada as assistant superintendent following completion of study in supervision in public health nursing leading to a bachelor degree at Teachers College, Columbia University. Miss MacArthur, who is a graduate of Toronto Western Hospital and of the certificate course in public health nursing at the University of Toronto, has served with the Victorian Order for twelve years, for three years as staff nurse in Toronto and Fredericton, four years as a nurse in charge in Huntsville, and the remaining time as nurse in charge in Sudbury. Her work has always been most satisfactory and she has shown herself to be well able to undertake the supervisory and administrative responsibilities in her new position in Winnipeg. The Winnipeg branch is fortunate to secure the services of as capable a nurse as Miss MacArthur and we hope that she will enjoy her experience there.

In Memoriam

Elizabeth Mabel Bryce, who graduated from St. Catharines General Hospital, Ont., died on February 10, 1948, in her sixty-second year following a short illness. Miss Bryce had nursed in Pittsburg and Cleveland, returning fifteen years ago to St. Thomas, Ont., where she had resided.

Cora Louisa (Davis) Herbinson, who graduated from the Ontario Hospital, Brockville, Ont., in 1908, died in Brockville on March 6, 1948, after an illness of six months.

Catherine Louise Holt, a graduate of the class of 1893, Saint John General Hospital, N.B., died on February 7, 1948, following a lengthy illness.

Jean Victoria Keddie died suddenly on February 22, 1948, in her seventy-second year. Most of Miss Keddie's professional career had been spent in Oshawa, Ont., where her kindness and ability won her lasting respect. She had a keen perception of the high principles of her chosen profession and adhered to them with honorable diligence throughout her life. Illness forced Miss Keddie's retirement two years ago.

Ann Ida McNichol died suddenly on February 29, 1948, in Halifax, in her thirty-eighth year. A native of Hamilton, Ont., Miss McNichol was connected with the Victorian Order of Nurses in Amherst, N.S., prior to taking up public health work in Halifax where she was acting supervisor of nurses with the Public Health and Welfare Department. Miss McNichol was a post-graduate in public health work from the University of Toronto.

Rodelia Morris died on February 24, 1948, in Windsor, Ont., in her seventieth year after a long illness.

Helen Selby Philip, a 1925 graduate of the Calgary General Hospital, Alta., died on February 8, 1948, following a lengthy illness. Miss Philip had worked in Beaverlodge district, the Calgary Isolation Hospital, in Weyburn, Sask., and at the Royal Columbian Hospital in New Westminster, B.C.

Margaret Anne Rogers died in Strathroy, Ont., on February 18, 1948. Miss Rogers received her training in Philadelphia and for a time practised in New York. For twenty-eight years she served as superintendent of the Children's Hospital of Michigan in Detroit. She had resided in Strathroy since her retirement two years ago.

Sister George, one of the supervisory nurses at Hotel Dieu, Moncton, N.B., died recently. A member of the Sisters of Providence Order, Sister George commenced her nursing career at St. Eugene's Hospital, Cranbrook, B.C. She served for several years in Cranbrook and in North Battleford, Sask., before going to St. Paul's Hospital, Vancouver, where for fourteen years she served faithfully, the greater part of the time as principal surgical nurse. Sister George was transferred to Moncton about two years ago. She had rare qualities of mind and heart in addition to a cheerful nature and amicable manner that won for her high admiration and esteem of all the patients who came under her care. Sister George was not only the exemplification of the sacred life which had been hers in the Order of the Sisters of Providence but she typified the best in the ranks of her profession.

Lena A. Spears, who graduated from the Lynn Hospital School of Nursing, Mass., in 1919, died recently in Yarmouth, N.S., following a brief illness, at the age of fifty-four. Miss Spears engaged in private duty for a brief period following graduation, later joining the staff of the Lynn Hospital out-patient department. Subsequently she was transferred to the admitting office and recently had been promoted to chief admitting officer.

Mrs. Norma Lucille Thompson died recently in Nanaimo, B.C., at the age of forty-three.

Dora Toute, who served overseas with the C.A.M.C. during World War I, died in Halifax, on March 8, 1948.

Mabel A. Wallace, who served with distinction as a nursing sister in World War I, died on January 30, 1948, at Orillia, Ont., following a long illness. She was sixty-three years of age.

No man is really happy or safe without a hobby, and it makes precious little difference what the outside interest may be — botany, beetles, or butterflies; roses, tulips, or irises; fishing, mountaineering, or antiquities — anything will do so long as he straddles a hobby and rides it hard. — Sir William Osler

Notes from National Office

Biennial Convention, 1948

Although these *Notes* are being written on a bright February day, they will not appear in the *Journal* until May. By that time the majority of the readers who are planning to be among those present at the 24th biennial meeting will have made reservations for their journey and will have filled in their applications for the workshop of their choice.

Last month we listed suggested topics for all except three workshops. The latter are Staff Education, Adventures in Bedside Nursing, and the School of Nursing of the Future. Topics for these workshops:

Staff Education: (a) the need for staff education; (b) orientation programs for new staff; (c) the criteria for planning an in-service staff education program; (d) methods of conducting and evaluating staff education program; (e) responsibilities of the administrators, staff nurses, and workers in allied fields; (f) source material; (g) budgeting for the staff education program.

Adventures in Bedside Nursing: (a) attributes in the nurse that make for desirable nurse-patient relationships; (b) factors that influence the development of desirable nurse-patient relationships; (c) application of desirable nurse-patient relationships; (d) outcomes of desirable nurse-patient relationships.

School of Nursing of the Future: (a) functions of the nurse; (b) total needs of the community for nursing care; (c) appraisal of present educational methods in schools of nursing; (d) independent schools; (e) centralized programs; (f) research in nursing.

We also report the following changes among workshop consultants:

Mrs. Elizabeth di Sant'Agnese, public relations consultant for the American Nurses' Association, will replace Mr. Edward Bernays.

Miss Ida MacDonald, state education office, nurse registration branch, Albany, N.Y., and Mrs. B.A. Bennett, principal nursing officer, Ministry of Labor and National Service, Great Britain, will assist with the workshop, School of Nursing of the Future.

Miss Helene Snedden, district superintendent, Hamilton branch, Victorian Order of Nurses, will replace Miss Mary Mathewson. Miss Jessie Young and Miss Dorothy Riches willl assist Miss Snedden.

Executive Committee Meeting

Since space does not permit the publication of the complete reports submitted to the Executive Committee, C.N.A., at the meetings held March 18-20, 1948, some of the pertinent data have been selected for inclusion in these *Notes:*

The *general secretary-treasurer* reported that membership in the Canadian Nurses' Association was 25,766 on December 31, 1947.

The need for a larger number of commercial advertisements to augment the revenues of the *Journal* was stressed again in the report of *The Canadian Nurse.* Provincial associations and committees were urged to seek advertisements and to continue the campaign for subscription renewals, as well as obtaining new subscribers. The goal is "every registered nurse in Canada a subscriber to the *Journal.*"

The *Committee on Institutional Nursing* reported progress with respect to their main project, which has been the preparation of a manual of Job Analysis and Job Evaluation Techniques for a hospital organization. The Committee on Publications has obtained a series of ten articles on Personnel Policies and Procedures, eight of which have been published in *The Canadian Nurse;* it is expected that the series will be completed in May.

The *Committee on Public Health Nursing*

announced that the Job Analysis study in relation to public health personnel, as planned by the Canadian Public Health Association, has been undertaken, money for this purpose having been made available by the W. K. Kellogg Foundation. Miss Lyle Creelman has been appointed to undertake the public health nursing detail of the study and is now at work on initial procedures.

In response to expressed interest, first steps in the development of a number of articles dealing with the general topic "Integration of Public Health Nursing in the Basic Curriculum" are underway. Provincial public health committees were requested to study the January, 1947, report of the salary survey, Canadian Public Health Association, in relation to public health nursing personnel, and to submit their conclusions and recommendations to the Committee on Public Health Nursing. A review of the reports submitted by the provincial committees resulted in recognition of the fact that the recommendations contained in the report were not offered as fixed standards but as a guide in dealing with individual employment situations and problems relative to personnel practices. It was recommended: That the recommendations relative to public health nursing personnel contained in the Canadian Public Health Association study need revision and that further revisions should be made from time to time, and that recommended revisions resultant upon further study by the Canadian Public Health Association committee be made available and published in official journals.

The *Exchange of Nurses Committee* reported on the preparation of tentative outlines of information prepared for the benefit of: (a) prospective candidates for exchange privileges; (b) directors of nursing service in hospitals and public health agencies to which candidates may be assigned. A number of enquiries are now coming from several different sources regarding the entry into Canada of nurses from other countries. In order to avoid any possible misunderstanding, the Exchange of Nurses Committee thought it desirable to restate its own position as follows: For the present, eligibility for exchange privileges should be confined to candidates who: (a) are able to obtain the sponsorship of a national nurses' association, which is to be a member in good standing of the International Council of Nurses; (b) intend to return to their respective countries of origin as soon as their experience in Canada comes to an end.

Provincial Association Reports

The interim reports of the provincial registered nurses' associations are briefly summarized as follows:

Alberta Association of Registered Nurses: The association was notified in December, 1947, that the Minister of Health was opening the Registered Nurses Act and By-laws to further amend Section 4 of the act with regard to academic qualifications for admission to schools of nursing in Alberta. The Alberta association and the Legislation Committee have taken advantage of this opportunity, not only to provide for more liberal educational requirements for admission to schools of nursing, but also to make liberal provisions relating to nurse registration in Alberta.

During 1947, eight students received grants of one hundred dollars each from the Dominion-Provincial "grants to students" fund.

The regulations governing schools of nursing in Alberta and the regulations governing Alberta Nurse Registration Examinations, as revised by the Educational Policy Committee, were approved by the University of Alberta. Under the direction of Miss Helen Penhale, director, School of Nursing, University of Alberta, an institute entitled "Guidance," designed to help both staff and student nurses, is to be held.

Commencing in March, the News Letter will be published quarterly and a copy sent to each active member of the association.

Sample "personnel policies" have been drafted, to act as guides to boards and nurses of hospitals in Alberta, when formulating their local personnel policies and employment contracts.

The council approved the recommendation that a superannuation plan for employees be instituted as of January 1, 1948.

Registered Nurses' Association of British Columbia: An eleven-month course for practical nurses has commenced, thirteen students being enrolled. The Registered Nurses' Association has adequate representation on the advisory "trade" committee for the course.

The Committee on Educational Policy has been set up, with representation from the fields of hospital administration, social service, medicine, and general education.

Year-end statistics show a satisfactory increase in total membership (3,923 for 1946 and 4,191 for 1947).

While all schools of nursing have not secured the additional quota of students desired for larger classes, the total number of students in the seven schools has increased by seventy-two over the December 31, 1946, figure.

Manitoba Association of Registered Nurses: A special examination for registration was held. Thirty-five candidates, who graduated from Manitoba schools of nursing prior to September, 1944, and were ineligible for present registration examinations, presented themselves for the special examination provided by the Manitoba association in co-operation with the University of Manitoba. Thirty-three candidates were successful. The provision of this special examination has done much to eliminate public criticism of the rigidity of regulations governing registration in Manitoba.

New Brunswick Association of Registered Nurses: The New Brunswick Association of Registered Nurses is once again endeavoring to secure legislation for the auxiliary worker or practical nurse. Urging has come from the practical nurses themselves, as well as from various organizations.

The shortage of student and staff nurses in small hospitals is growing more acute, as prospective students are definitely preferring the larger schools.

Registered Nurses' Association of Nova Scotia: The total membership at December 31, 1947, was 1,854. Beginning December 31, 1948, the membership and fiscal years will end on December 31. Legislation to provide for the licensing of nursing attendants is presently under consideration.

It is proposed to hold special examinations in May and October this year, for the purpose of enabling any nurse who graduated prior to 1940 and for various reasons did not write the regular examinations of the association, to write such special examination and, if successful, to be enrolled as a member of the Registered Nurses' Association of Nova Scotia.

A committee has been appointed to consider the possibility of the appointment of a Maritime inspector for schools of nursing in the three Maritime provinces.

Registered Nurses Association of Ontario: The War Memorial Trust Fund contributions received and forwarded to National Office amounted to $10,007. Since, contributions of $110 have been received. It is expected that further contributions will be received.

Prince Edward Island Registered Nurses Association: The public health nurses of Prince Edward Island met in Charlottetown for a symposium, at which problems and new developments relevant to public health nursing were discussed.

An Instructors' Group is being formed. The Hospital and School of Nursing Section is endeavoring to secure the services of a school of nursing visitor for the province.

The Association of Nurses of the Province of Quebec: The number of licences issued during 1947 was 7,733. One thousand, four hundred and eighty-eight of these licences were issued to new members, including 513 on the terms of the waiver clause. The waiver clause will cease to function at the end of 1948, following which time registration and licensing will be secured as formerly, either by examination or reciprocal registration.

The English Committee on Public Health Nursing is planning an institute for the early spring. The committee is also helping the registrar to improve the usefulness of the lending library; evening hours for library service will be established in the near future, and members of the Public Health Nursing Committee have volunteered to take charge.

The newly-created School of Nursing Committee, whose purpose is to meet changing requirements and conditions, is very active. The personnel of this committee is representative of the university nursing schools, hospital nursing schools, boards of examiners, and the service groups not included in any of these — public health and private duty.

As a result of negotiations between the directors of the Montreal Health Department and the Committee of Management, recommendations made by the latter covering salary increases and improvement of working conditions for members of the nursing staff have been accepted and put into effect.

The Montreal School for Nursing Aides will soon be in operation. The plan is to conduct an experiment during a twelve-month period, then review the situation and, if indicated, proceed to increase the usefulness of the school. The project is the result of the combined efforts of a special committee and the Montreal Hospital Council and is to be financed by the six English language general hospitals in Montreal.

Saskatchewan Registered Nurses' Association: The year closed with a membership of 1,773 in the association, the largest enrolment yet recorded.

The association is continually concerned

with health developments which are taking place in Saskatchewan, particularly as these affect nurses. Under the most recent government regulations, it is understood that registered nurses employed in hospitals in any city or in a town with a population of 1,000 or over, are entitled to a 48-hour week, with at least twenty-four consecutive hours off duty each week. This is in line with the recommendations submitted by the association, approved by the Health Services Planning Commission and accepted by the Saskatchewan Hospital Association.

The Department of Public Health, after conference with the Saskatchewan Registered Nurses' Association, has prepared a contract letter for guidance of hospitals when employing nurses, except on a very temporary basis. Nurses who are not already familiar with this letter may obtain a copy from the provincial office. The letter is designed to cover all points which may be the source of misunderstanding and consequent irritation and dissatisfaction later, if these are not specifically determined at the time of employment.

The Registered Nurses Act, together with other professional acts in Saskatchewan, is to be reviewed at the coming session of the Legislature. The association has already been advised of the changes recommended by the Law Amendments Committee. These provide for the submission of certain reports to the government at specified intervals. It is proposed, however, that all matters pertaining to the examinations for registration and requirements remain with the university, in consultation with the professional association.

First-year qualifying examinations for admission to the Saskatchewan Registered Nurses' Association, Part I, were held for the first time this year. The results were gratifying; less than 2 per cent of the students who wrote failed to pass. In one school, students in the second year of the course are on the Block system of instruction, i.e., are off ward duty entirely for five days a week during the fifty days in which they are taking classes.

Notes du Secrétariat de l'A. I. C.

La majorité de nos lecteurs ayant projeté de se rendre à la convention de 1948 ont, sans doute déjà, réservé leurs billets et inscrit leur demande afin d'assister à l'un des foyers d'étude de leur choix.

Le mois dernier, nous avons donné la matière qui sera étudiée aux cercles ou foyers d'études, excepté pour les trois suivants: l'éducation du personnel, les aventures au chevet du malade, l'école d'infirmière de l'avenir.

L'éducation du personnel: (a) la nécessité d'un programme d'éducation pour le personnel; (b) programme d'orientation pour les nouveaux membres du personnel; (c) creteriums servant à la préparation d'un programme d'éducation pour le personnel en service; (d) méthodes permettant d'évaluer et de diriger un programme d'éducation du personnel; (e) responsabilités des administrateurs, des infirmières du personnel, et des techniciens travaillant à des fins semblables; (f) sources de la matière servant à l'enseignement; (g) comment payer les frais du programme d'étude du personnel.

Les aventures au chevet du malade: (a) qualités de l'infirmière favorisant les bonnes relations entre malades et infirmières; (b) les facteurs qui favorisent les bonnes relations entre malades et infirmières; (c) application des bonnes relations entre malades et infirmières; (d) ce que peuvent apporter les bonnes relations entre malades et infirmières.

L'école d'infirmière de l'avenir: (a) les devoirs propres à l'infirmière; (b) les besoins du public concernant les soins que donne l'infirmière; (c) appréciation des méthodes d'enseignement actuellement employées dans les écoles d'infirmières; (d) écoles indépendantes d'hôpitaux; (e) centralisation du programme; (f) recherches en nursing.

Les changements suivants auront lieu parmi les experts devant prendre part aux foyers d'études. Mme Elizabeth di Sant' Agnese, expert en relations extérieures de l'American Nurses' Association, remplacera M. Edward Bernays. Mlle I. MacDonald, du département de l'Instruction Publique d'Albany, N.Y., et Mme B. A. Bennett, infirmière-en-chef au Ministère du Travail et du Service National en Grande-Bretagne, prendront part au cercle d'étude, l'école d'infirmière de l'avenir.

Mlle Hélène Snedden, surveillante du district d'Hamilton, pour la Victorian Order of

Nurses, remplacera Mlle M. Mathewson. Mlles J. Young et D. Riches assisteront Mlle Snedden.

ASSEMBLÉE DU COMITÉ DE RÉGIE, L'A.I.C.

Comme il est impossible, faute d'espace, de donner un compte rendu détaillé de cette assemblée, tenue le 18-20 mars, les faits les plus importants sont rapportés dans ces notes:

La secrétaire générale de l'A.I.C. rapporte qu'il y avait 25,766 membres inscrits le 31 décembre 1947.

L'éditeur du *Canadian Nurse*, dans son rapport, fait remarquer de nouveau, qu'il est nécessaire d'augmenter les revenus du *Journal* par plus d'annonces commerciales. L'on demande aux comités des associations provinciales de chercher des annonces et de continuer la campagne d'abonnement. Le but a atteindre est le suivant: que toute infirmière soit une abonnée du *Journal*.

Le Comité du Service Institutionnel rapporte des progrès concernant le travail, que ce comité se propose de réaliser à savoir: la préparation d'un manuel d'analyse du travail et de la technique de l'évaluation d'un travail à l'usage des hôpitaux.

Le Comité de Publication a obtenu dix articles sur la politique et les règlements concernant le personnel. Huit de ces articles ont déjà paru dans le *Canadian Nurse*.

Le Comité en Hygiène Publique annonce que le comité a entreprit une étude analytique concernant le personnel employé en hygiène publique, tel que recommandé par la Canadian Public Health Association. Les fonds nécessaires à cette étude ont été donnés par la W. K. Kellogg Foundation. Mlle L. Creelman a été nommée pour faire l'étude concernant le nursing en hygiène publique. Dès le début de cette étude, une série d'articles sur "l'Hygiène publique, partie de programme d'étude à l'école" montra bien l'intérêt porté à cette question.

L'on demanda aux comités provinciaux d'hygiène publique d'étudier le rapport présenté en janvier 1947, par la Canadian Public Health Association, concernant les salaires des infirmières en hygiène publique, et de soumettre leurs conclusions et recommendations au comité. Les recommendations faites dans ce rapport ne sont pas offertes comme une chose définitive, mais comme un guide pouvant être utile dans certaines situations, et pouvant servir à établir une politique à l'égard du personnel. Les recommendations faites dans ce rapport concernant le personnel des infirmières, tel que parues dans le rapport déjà mentionné, doivent être déjà revisées et devront l'être de temps en temps. Les nouvelles recommendations faites à la suite de ces réunions devront être publiées dans le journal officiel de l'association.

Le Comité d'Echange des Infirmières rapporte la préparation d'un plan pour: (a) les candidates en perspective; (b) pour les directrices des hôpitaux et les services d'hygiène publique où ces candidates seront dirigées.

Un certain nombre d'infirmières de pays étrangers demandent des renseignements concernant la possibilité de venir s'établir au Canada. Afin d'éviter des malentendus, le Comité d'Echange des Infirmières croit qu'il est nécessaire de définir son attitude à ce sujet: actuellement sont éligibles aux privilèges de l'échange des infirmières, les candidates qui (a) sont patronnées par une association nationale d'infirmières faisant partie du Conseil International des Infirmières; (b) et devant retourner dans leur pays dès que leur expérience au Canada est terminée.

RAPPORTS DES ASSOCIATIONS PROVINCIALES

Alberta: L'Association reçut avis en décembre 1947 que le Ministère de la Santé doit ouvrir la Loi des Infirmières, afin d'amender l'article 4, concernant l'instruction requise pour l'admission dans les écoles d'infirmières de l'Alberta. L'Association des Infirmières de l'Alberta et son comité de législation ont donc profité de l'occasion, non seulement pour prendre des mesures en vue d'une meilleure instruction pour les élèves admises dans les écoles d'infirmières, mais aussi pour prendre des dispositions concernant l'enregistrement des infirmières de l'Alberta.

Durant 1947, huit étudiantes ont reçu des bourses d'études de $100 provenant de l'octroi fédéral-provincial.

Les règlements des écoles d'infirmières de l'Alberta et les règlements des examens de l'Association des Infirmières de la même province furent revisés par le comité dit de "politique en matière d'éducation" et furent approuvés par l'Université de l'Alberta.

Une série de conférence sur "l'orientation" ayant pour but d'aider à la fois le personnel et les élèves sera donnée sous la direction de Mlle Helen Penhale, directrice de l'Ecole des Infirmières de l'Université de l'Alberta.

A partir du mois de mars, une lettre de nouvelle sera publiée à chaque trimestre et envoyée à chacun des membres.

Des règles de conduite à l'égard du personnel ont été préparées en un modèle pouvant servir de guide aux bureaux de direc-

tion et aux infirmières des hôpitaux de l'Alberta, lorsqu'ils prépareront leur propre politique à l'égard du personnel et leurs contrats d'engagement.

Le conseil a approuvé la recommandation suivante: qu'une caisse de retraite pour les employées soit établie le 1er janvier 1948.

Colombie-Britannique: Un cours de onze mois pour les aides est commencé; treize étudiantes sont inscrites. L'Association des Infirmières de la Colombie-Britannique a une bonne représentation sur le comité consultatif.

Le comité dit de "Politique concernant l'éducation" a été formé; il est composé de représentants d'administrateurs d'hôpitaux, des services sociaux, de la médecine, et de l'éducation.

Les statistiques de la fin de l'année montrent qu'il y a eu une augmentation parmi les membres: ils étaient en 1946 de 3,923 et de 4,191 en 1947.

Le nombre des élèves a également augmenté de soixante-douze, bien que certaines écoles n'aient pu obtenir le nombre d'élèves désirées.

Manitoba: Un examen spécial d'enregistrement eut lieu pour les diplômées des écoles d'infirmières du Manitoba antérieurement à 1944 et qui n'étaient pas éligibles à l'enregistrement sous la présente loi; trente-cinq candidates se sont présentées à cet examen tenu conjointement par l'Association des Infirmières du Manitoba et l'Université. Trente-trois passèrent l'examen avec succès.

Cet examen spécial changea l'opinion publique qui souvent avait critiqué la rigidité de la loi de l'enregistrement au Manitoba.

Nouveau-Brunswick: L'Association des Infirmières, une fois de plus a fait des démarches pour obtenir une législation concernant les aides. Une demande pressante a été faite par les aides elles-mêmes et par plusieurs autres organisations.

Le manque d'étudiantes et d'infirmières dans les petits hôpitaux est devenu un problème aigu. Les élèves en perspective préfèrent définitivement les grandes écoles.

Nouvelle-Ecosse: Les membres de l'association le 31 décembre 1947 étaient de 1,854. Une loi accordant une licence aux infirmières est actuellement à l'étude.

Un examen spécial sera tenu en mai et octobre de 1948, afin de permettre à toutes les diplômées des hôpitaux de cette province, antérieurement à 1940, d'être admises comme membres de l'Association des Infirmières de la Nouvelle-Ecosse. Un comité a été formé dans le but de nommer une visiteuse pour les écoles d'infirmières des trois provinces maritimes.

Ontario: Le Comité du Souvenir a fait parvenir au secrétariat national la somme de $10,007. Depuis ce temps $110 ont été reçus; nul doute que d'autres sommes seront reçues des districts qui n'ont pas encore atteints leur objectif.

Ile-du-Prince-Edouard: Les infirmières de cette province se sont réunies à Charlottetown — un symposium sur les développements de l'hygiène publique en rapport du nursing fut présenté. Les institutrices de la province ont formé un groupe à part.

Québec: Durant 1947, l'on a émis 7,733 licences — de ce nombre 1,488 licences furent remises à de nouveaux membres, 513 bénéficièrent de la clause de faveur — cette clause de faveur disparaîtra avec la fin de l'année; l'enregistrement sera obtenu alors comme par le passé par examen ou par réciprocité.

Le comité d'hygiène publique (section anglaise) est à préparer un institut sur l'hygiène publique pour le printemps. Le comité aide aussi la régistraire pour le travail de la bibliothèque ambulante.

Le nouveau comité des écoles, dont le but est de répondre aux changements et aux conditions nouvelles, est des plus actif. Ce comité se compose de représentantes des écoles universitaires, des écoles d'infirmières attachées à des hôpitaux, du bureau des examinatrices, et de représentantes de l'hygiène publique et du service privé.

A la suite de négociations entre les directeurs du service de santé de la cité de Montréal et le Comité de Régie, les recommendations faites concernant l'augmentation de salaire et les conditions de travail des infirmières de ce service ont été acceptées et mises en pratique.

L'Ecole des Aides sera ouverte prochainement. L'on se propose de faire une expérience qui durera un an, après quoi l'on jugera de l'utilité de l'école. Ce projet a pu être mis à exécution, grâce au travail d'un comité spécial et du Conseil des Hôpitaux de Montréal; six hôpitaux de langue anglaise se sont rendus responsables des frais.

Saskatchewan: L'association compte 1,773 membres, chiffre qui n'a jamais encore été atteint.

L'association s'intéresse à toutes les mesures d'hygiène adoptées dans la province, car elles ont une répercussion sur le nursing.

Par l'un des derniers règlements du gouver-

nement, il est entendu que les infirmières enregistrées, employées dans une cité ou ville de 1,000 âmes de population, ont droit à une semaine de 48 heures de travail et un minimum de 24 heures de congé ininterrompu. Ces règlements sont conformes aux recommandations faites par l'association et approuvées par la Commission du Service de Santé et l'Association des Hôpitaux de la Saskatchewan.

Le Ministère de la Santé, après avoir conféré avec l'Association des Infirmières de la Saskatchewan, a préparé une lettre ou un modèle de contrat, qui servira de guide aux hôpitaux, lorsqu'ils employeront une infirmière, sauf pour une infirmière employée temporairement. Les infirmières qui n'ont pas encore pris connaissance de cette lettre peuvent l'obtenir en s'adressant au bureau de l'association. Cette lettre a pour but de clarifier tous les points qui ne sont pas mentionnés lors de l'engagement et qui d'habitude donnent naissance à des malentendus et causent plus tard du mécontentement.

La Loi des Infirmières de la Saskatchewan, de même que les autres lois professionnelles doivent être revisées lors de la prochaine session. L'association a déjà pris connaissance de certains changements recommandés par le comité préposé aux amendements à être apportés aux lois. Certains rapports doivent être soumis au gouvernement périodiquement. Il est proposé, néanmoins que tout ce qui concerne l'examen d'enregistrement demeure entre les mains de l'université conjointement avec l'association professionnelle.

Les examens de 1ère année pour l'enregistrement eurent lieu pour la 1ère fois. Le résultat fut satisfaisant, moins de 2 pour cent des étudiantes qui se sont présentées à cet examen ont failli.

Dans l'une de nos écoles, les élèves de 2e année suivent le programme alternatif (Block System) durant cinq jours de la semaine; elles suivent des cours sans aller chez les malades.

Tentative Program of C.N.A. General Meeting

Thursday — June 24

Executive Meeting, 9:00-12:00; 2:30-5:30.
Place, Beethoven Hall.

Friday — June 25

Executive Meeting, 9:00-12:00; 2:30-5:30.
Place, Beethoven Hall.

Saturday — June 26

Executive Meeting, 9:00-12:00; 2:30-5-30.
Place, Beethoven Hall.

Registration

Sunday— 10:00-12:00; 2:00-4:00; 8:00-10:00.
Monday— 8:00-5:30.

Monday — June 28

GENERAL SESSION, 9:00 A.M.

Place, Fawcett Hall.

Invocation, Rev. Dr. L. E. G. Davies, Sackville, N.B.

Address of Welcome, Hon. D. L. McLaren, Lieut.-Gov., N.B.

Greetings, Dr. W. T. R. Flemington, president, Mt. Allison University. Mr. N. A. Hesler, president, Board of Regents, Mt. Allison University. Mr. H. A. Beal, Mayor, Sackville. Miss M. Myers, president, New Brunswick Ass'n of Registered Nurses.

Response to Address of Welcome, Miss Rae Chittick, president, Canadian Nurses' Ass'n.

Report of Secretary-Treasurer, Miss G. M. Hall.

Report of *The Canadian Nurse*, Miss M. E. Kerr.

Report of Editorial Board, Miss M. Mathewson.

Report of Arrangements Committee, Mrs. R. A. McNaughton.

Report of Program Committee, Miss R. Chittick.

Report of Institutional Nursing Committee, Rev. Sr. Clermont.

Report of Private Duty Nursing Committee, Miss B. Key.

Report of Public Health Nursing Committee, Miss H. McArthur.

Report of Health Insurance Committee, Miss H. Carpenter.

Report of Student Nurse Activities, Miss F. Waugh.

Guest Speaker, Mrs. Elizabeth di Sant' Agnese, 2:00-2:30. Topic, The A.N.A. Public Relations Program.

REPORTS (*continued*) — 2:45-4:30

Report of Constitution, By-Laws and

C.N.A. General Meeting Workshops

June 29, 30, July 1—9:00-12:00.

I	II	III
COUNSELLING AND GUIDANCE *Consultant*, Miss Mary Salter University of Toronto. *Assistants*, Miss Alice Nicolle, Mrs. E. Troop.	PERSONNEL ADMINISTRATION *Consultant*, Miss N. Gorgas, Minneapolis. *Assistants*, Miss A. Wright, Miss M. Street, Miss A. Girard.	PUBLIC RELATIONS *Consultant*, Mrs. E. di Sant' Agnese, New York. *Assistants*, Miss B. Pullen, Miss E. MacLennan.
IV	**V**	**VI**
SCHOOL OF NURSING OF THE FUTURE *Consultant*, Miss Lucile Petry, Div. of Nursing, U.S.A. Public Health Service. *Assistants*, Miss Ida MacDonald, Miss E. Mallory, Mrs. B. A. Bennett.	ADVENTURES IN BEDSIDE NURSING *Consultant*, Miss Ella Howard, University of Toronto. *Assistants*, Miss R. Watson, V.O.N., Toronto.	STAFF EDUCATION *Consultant*, Miss Helene Snedden. *Assistants*, Miss Jessie Young, Miss Dorothy Riches.
VII	**VIII**	**IX**
TESTS AND MEASUREMENTS *Consultant*, Dr. H. D. Southam, Mount Allison University. *Assistants*, Miss H. Penhale, Rev. Sister Forest.	JOB-IN-TRAINING *Consultant*, Miss M. Nash, formerly Educ. Director, V.O.N., Montreal. *Assistants*, To be appointed.	NEWER METHODS OF TEACHING *Consultant*, Miss E. McDowell, University of Western Ontario. *Assistants*, Rev. Sister Lefebvre, Miss Frances King.

A librarian will be in charge of the Workshop Library.

Legislation Committee, Miss E. Flanagan.

Report of Labor Relations Committee, Miss K. Connor.

Announcement, Public Health Survey, Miss L. Creelman.

EVENING SESSION, SPECIAL CONVOCATION, 8:00 P.M.

Tuesday — June 29

8:00 a.m.— Meetings of Executives of the Public Health Nursing, Institutional Nursing, and Private Duty Nursing Committees, *if desired*.

Workshops, 9:00-12:00.

GENERAL SESSION, 2:00 p.m.

Place, Fawcett Hall.

Guest Speaker, Miss Lucile Petry, 2:00-2:30. Topic, To be announced later.

REPORTS (*continued*) — 2:45-4:30

Report of Educational Policy Committee, Miss Agnes Macleod.

Special Committee Reports: (a) Joint Committee, C.H.C. and C.N.A. (b) War Memorial, Miss M. E. Kerr.

General Meeting, 4:30-5:30, of Institutional Nursing, Private Duty Nursing, and Public Health Nursing Committees.

Wednesday — June 30

Workshops, 9:00-12:00.

Place, Fawcett Hall.

Guest Speaker, Miss Nellie Gorgas, 2:00-2:30. Topic, Supervision.

REPORTS (*continued*) — 2:45-4:30

Report of Exchange of Nurses Committee, Miss E. Johns.

Report of Canadian Florence Nightingale Memorial Committee, Miss E. K. Russell.

Report of British Nurses Relief Fund Committee, Miss G. Fairley.

Report of Publicity Committee, Miss C. Livingston.

Report of History of Nursing Committee, Miss M. Mathewson.

Report of Loan and Bursary Committee, Mrs. C. Townsend.

Report of Nominating Committee, Miss A. Girard.

Banquet, 7:00 p.m. Mary Agnes Snively Memorial Lecture. *Guest Speaker*, Dr. E. P. Scarlett, Calgary, Alta.

Thursday — July 1

Workshops, 9:00-12:00.

Place, Fawcett Hall.

Summary, Workshops, 2:00 p.m. Miss Mary Salter, Miss N. Gorgas, Mrs. E. di Sant'Agnese, Miss L. Petry, Miss E. Howard, Dr. H. D. Southam, Miss M. Nash, Miss E. McDowell, Miss H. Snedden.

Final Business Session: Report of Resolutions Committee. Unfinished Business. New Business. Scrutineers Report. Election and Installation of Officers.

Saturday — July 3

Executive Meeting, 9:00-12:00; 2:30-5:30. *Place*, Charlottetown, Prince Edward Island.

Nomination Ticket, 1948-50

The following is the slate of nominations received from the provincial nurses' associations and the conferences of the sisterhoods for the officers and representatives on the Executive Committee of the Canadian Nurses' Association for the ensuing biennium. The names are listed in alphabetical order where multiple nominations occur. The position held by each nominee at the present time is indicated:

President: Miss Ethel Cryderman, Superintendent of the Toronto Branch, Victorian Order of Nurses.

First Vice-President: Miss Evelyn Mallory, Associate Professor, Department of Nursing and Health, University of British Columbia, Vancouver.

Second Vice-President: Miss Marion Myers, Instructor of Nurses, Saint John General Hospital; Miss Bertha Pullen, Director of Nursing, Winnipeg General Hospital.

Third Vice-President: Miss Lyle Creelman, Field Director of Study, Canadian Public Health Association, Toronto; Miss Lillian Grady, Instructor of Nurses, Halifax Infirmary; Miss Maisie Miller, Director of Nursing, Victoria General Hospital, Halifax.

Chairman, Institutional Nursing Committee: Miss Laura Lamb, Director of Nursing, Women's College Hospital, Toronto; Miss Elinor Palliser, Director of Nursing, Vancouver General Hospital.

Chairman, Private Duty Nursing Committee: Miss Barbara Key, Private Duty Nurse, Hamilton, Ont.

Chairman, Public Health Nursing Committee: Miss Lenta Hall, National Supervisor, Victorian Order of Nurses, Ottawa; Miss Trenna Hunter, Director of Public Health Nursing, Metropolitan Health Committee, Vancouver; Miss Elizabeth Smith, Director of Nursing Services, Department of Public Health of Saskatchewan, Regina.

Regional Representatives of the Nursing Sisterhoods: (One to be selected from each Region.)

Maritimes: Sister Mary Irene, Instructor of Nurses, Charlottetown Hospital; Sister Mary Beatrice, Director of Nursing, St. Joseph's Hospital, Glace Bay.

Quebec: Sister Mary Felicitas, Director of Nursing, St. Mary's Hospital, Montreal; Sister Denise Lefebvre, Director of Nursing, Institut Marguerite d'Youville, Montreal; Sister Mary Melanie, Instructor of Nurses, St. Mary's Hospital, Montreal; Sister St. Ferdinand, Director of Nursing, Hôpital Saint-Michel Archange, Quebec; Sister Ste. Gertrude, Director of Nursing, Civic Hospital, Quebec.

Ontario: Sister Albert, Supervisor, Surgical Ward, St. Michael's Hospital, Toronto.

Prairies: Sister Irene, Director of Nursing, Holy Family Hospital, Prince Albert; Sister Florence Keegan, Director of Nursing, Edmonton General Hospital; Sister Perpetua, Director of Nursing, St. Elizabeth's Hospital, Humboldt.

British Columbia: Sister Columkille, Director of Nursing, St. Paul's Hospital, Vancouver; Sister Mary Claire, Instructor of Nurses, St. Joseph's Hospital, Victoria.

C.N.A. Biennial Convention

Bulletin of Information

Accommodation: All requests for accommodation are to be sent to: **Miss Alma Law, Executive Secretary, New Brunswick Association of Registered Nurses, 29 Wellington Row, Saint John, N.B.**

Since there are no single rooms, persons who wish to room together are asked to make such requests when reserving accommodation. Every effort will be made by the committee to arrange accordingly. Accommodation for the Nursing Sisterhoods will be provided in the Academy Residence.

Rates — $3.50 to $4.00 per day, including meals. Meals will be served in Residence Halls, mainly cafeteria system.

Registration for the Convention may be made on arrival. Registration desks will be open in the different residences on Sunday afternoon and evening. Monday morning and during the week of the Convention all registration will be at Allison Hall.

Information Desk in Allison Hall.

Business Desk (for accounts, etc.) in Allison Hall.

Meetings: Executive Meetings in Beethoven Hall. General Meetings in Charles Fawcett Memorial Hall. Workshops — See special bulletin.

Exhibits: All exhibits, including commercial, educational, *The Canadian Nurse*, etc., will be displayed in the Owens' Art Museum.

Lippincott Lounge will be in Allison Hall, where tea will be served at 4:15 each day.

Dress: Owing to the necessity of moving from one building to another, and with weather changes being most uncertain, it is advisable to bring rubbers and umbrellas. *Bathing caps* might also be included as some of the residence showers are fairly high.

Bulletin d'Information

Voyage: Canadian Passenger Association, 437 ouest, rue St-Jacques, Montréal 1.

Autres villes: Voir agences de voyage locales ou chef de gare.

Logement: Toutes les demandes concernant le logement doivent être adressées à: **Mlle Alma Law, Secrétaire, Association des Infirmières du Nouveau-Brunswick, 29 Wellington Row, Saint John, N.B.**

Comme il n'y a que des chambres doubles, les personnes désirant être ensembles sont priées de le mentionner. On fera tout ce qui est possible pour se rendre à ces demandes. Les religieuses infirmières seront logées dans la résidence de l'Académie. Le coût des chambres est $3.50 à $4.00, repas compris. Les repas seront servis dans "Residence Halls" en cafétéria.

L'inscription: Au congrès peut se faire à l'arrivée. Des bureaux d'inscription seront ouverts dans les différentes résidences, le dimanche dans l'après-midi et dans la soirée; le lundi et les jours suivants les bureaux d'inscriptions demeureront ouverts.

Bureau de renseignements à Allison Hall.

Assemblées: Comité de Régies — Beethoven Hall. Assemblées générales — Charles Fawcett Memorial Hall. Cercles d'études — Voir bulletins spéciaux.

Exposition: Toutes les expositions commerciales, éducationnelles, du *Canadian Nurse*, etc., se tiendront au Owens' Art Museum.

Salle de repos Lippincott sera dans le Allison Hall; le thé y sera servi tous les jours à 4:15 h.

Vêtements: On conseille d'apporter un parapluie et des caoutchoucs. Il est bon de se rappeler qu'il faudra sortir pour se rendre d'une résidence à l'autre. *Les bonnets de bain* sont aussi conseillés; les résidences sont pourvues plutôt de douches que de baignoires.

Milk Bank

CAROLINE V. BARRETT

The Milk Bank at the Royal Victoria Montreal Maternity Hospital was established in April, 1936, and the first milk frozen on June 24, 1936. This is a survey of the work accomplished during the twelve years it has been in existence.

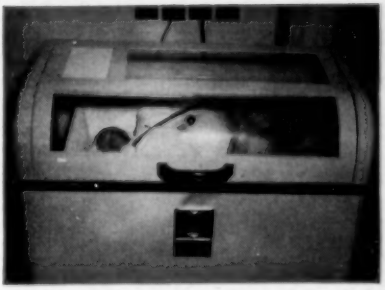
The preparation of the milk is done in the Formula Room, and the frozen product is stored in three ice-cream cabinets which are kept at a temperature of 12° below zero. The accompanying data tells the story.

Bacterial cultures are taken and examined by Dr. A. R. M. MacLean, technical director of Dominion Dairies Ltd., to whom we owe a debt of gratitude for his constant advice and help.

Although the Milk Bank was established to supply breast milk for the babies in our own nurseries, we also give service to the pediatric ward of the Royal Victoria Hospital, and on occasion ship it to other centres outside the city.

A Milk Bank, such as ours, could be started with very little outlay of funds and equipment, provided a suitable room could be found in a maternity hospital or health centre, and the existent personnel were willing to undertake the extra duties without remuneration. The operating capital and initial cost of equipment might very well be donated by an interested community group such as one of the Service Clubs. Our Auxiliary Board of Governors gives a donation once a year to help cover expenses.

We would be very glad to help anyone who would be interested in starting a "Milk Bank." Only a few days



BABY S—*Just over one pound*

GREGORY S—*4 months old. Wt., 5 pounds, 2 ounces.*

Miss Barrett is supervisor, Women's Pavilion, Royal Victoria Hospital, Montreal.

Breast milk collected from outdoor patients	469.3 gal.
Breast milk collected from indoor patients	298.7 gal.
Total	768.0 gal.
Breast milk given free of charge to infants	557.2 gal.
Breast milk sold to infants in private wards	200.9 gal.
Total	758.1 gal.
Breast milk frozen	66.8 gal.
Frozen breast milk reduced	61.6 gal.
Frozen breast milk on hand	12.5 gal.

Surviving Infants under 1000 Gm. at Birth

	Birth Date	*Birth Weight Gm.*	*Discharge Date*	*Disch. Weight Gm.*
1. Baby S.....	Oct. 6, 1944	660	Feb. 13, 1945	2340
2. Baby B. I.....	Dec. 10, 1944	940	March 1, 1945	2400
3. Baby B. II.....	Dec. 10, 1944	900	March, 1, 1945	2340
4. Baby D.....	Aug. 2, 1945	930	Nov. 29, 1945	2340
5. Baby P.....	Sept. 15, 1946	990	Dec. 21, 1946	2660

of observation and practice would be required to learn the techniques and procedures.

We pay our clients five cents an ounce for the milk, an average of one dollar a day. The cost to our private patients is from 20 to 25 cents an ounce. When milk is shipped out of town, we also charge for transportation.

Miss Islay Hiscox, assistant supervisor, who is in charge of teaching in the Formula Room, is responsible for the work accomplished in connection with the breast milk and all due credit should be given to her for the successful operation of this department which plays such an important part, particularly in the care of premature infants.

Society Studio, Montreal

GREGORY S (*3 years old*)

Vitamin P

A report on the present status of vitamin P in *Physician's Bulletin, 12:6:141,* summarizes its use in the treatment of capillary fragility. The exact role of vitamin P in nutrition has not been defined, but it has been identified as one of the essential factors for maintenance of normal capillary permeability.

The vitamin has not been identified chemically although it has been suggested that hesperidin, quercetin, and others serve as precursors of a more active substance which is produced in the body following their absorption.

The animal and clinical studies indicate that vitamin P has a definite influence on capillary function, which results in an increase in permeability when the vitamin is withheld.

Evidence of increased capillary permeability, or decreased capillary resistance, may be encountered in a number of conditions, including scurvy, multiple vitamin deficiencies, purpura, hypertension, diabetes mellitus, and many infectious and toxic states.

From the available clinical data, it is apparent that treatment with vitamin P active substances is not always successful and may even give inconsistent results among patients with the same disease. Some of the conflicting reports appear to be due to variations in potency and dosage of the preparations employed; others are caused by lack of an adequate clinical test for detecting vitamin P deficiency for differentiating it from other factors which also affect capillary resistance.

— Canadian Pharmaceutical Journal

STUDENT NURSES PAGE

Continue to Grow

LORNA THOMAS, Ph.D.

BEHIND every graduating nurse, there stands an invisible person—someone who fanned the sparks of ambition, someone who dispelled the fog of discouragement, someone who kept the goal bright and shining. I would congratulate not only the members of the graduating class, but also the members of that invisible corps who well know the quiet joy of attaining a goal — not tangible, it is true, like your diplomas, but being intangible is none the less real. To this class and the others — congratulations.

Because you came in to train three years ago, a great deal has happened. *You* are changed. Don't you remember the funny things you thought three years ago? Your home has changed, too, for you took home some of your experiences from the hospital and so widened the knowledge and experience of your family. Life is a flux; the only permanent thing in it is "change." Societies, groups, personalities are ever-changing; some think with direction, moving in a spiral toward greater knowledge, greater complexity, and fuller understanding. It would be so comfortable if society and people would stay put, values remain rigid; so comfortable, but how boring!

With graduation, you enter into membership with the vast group of professional women. From today forward, each of you will be looked upon as a woman of trained mind, in contrast to those who have not had the opportunity for training. To possess a trained mind means responsibilities.

What are some of the outstanding characteristics of a trained mind? What, in other words, have you been learning in the past three years — about yourself and your articulation in the community? I would put *humility* first, before knowledge, for those of us who have glimpsed the vast uncharted oceans of knowledge, are only too well aware of how little we know. If we can keep this humility, we will have grasped the first essential for continuous growth. We will never be satisfied with the little we know and will pursue knowledge to the end of our days. We will never graduate; we will be training until the last breath is drawn.

Secondly, we will have learned to watch for *blind spots*. We all have them — our pet prejudices, when the intellect fails to function; where it loses its malleability and becomes fixed and rigid. When one learns to ski, the first thing one is taught is how to fall. I had a ski instructor who used to say, "Relax, give, and you will fall easily, without harm; be rigid and tense and you will break your neck." Our minds are like that. A trained mind gives; a trained mind has few blind spots. It is malleable and has an infinite capacity for ad-

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Dr. Thomas, a resident of Brockville, Ont., and formerly assistant professor of sociology at Columbia University, is now pursuing her duties as a housewife.

justment. Someone has defined education simply, in three words —"capacity to adjust." That is worth thinking about.

As the third requisite of a trained mind and an integrated personality, I would stress *sincerity*. Do you know the derivation of that word? In the olden days in Rome, sometimes a beautiful vase would flaw during the firing and the Romans became artists in mending the crack with wax. So skilled were they that only the experts could tell the difference, but the flawed vases could not fetch as high a price as the perfect ones. To distinguish those that had come through the firing, without blemish, they were marked "sine cera" — without wax. You are now entering into the company of those women who usually are able to face up to difficulties quietly, without need of pretence —"sine cera."

It is now conceded that the nurse, because of her constant attendance, is the key to all the treatments prescribed for patients. The most satisfactory results ensue when the nurses are well integrated and articulated personalities, from whom humility, gentleness, quiet, sympathy, and understanding emanate like an aura. A ward in a hospital is a mirror which reflects the supervisor and her staff. The patients with almost extrasensory perception instinctively feel the essence of your personality. Your success as a nurse depends upon your kind of personality, your malleability, your avoidance of mental rigidities.

In your three years of training, you were not preparing for an end, but for a beginning. You were achieving an attitude of mind that would give you the understanding necessary for the beginnings of a well-integrated and ever-growing personality. And how can we be sure of becoming such? I don't know. There is no fixed recipe. There are no fixed rules. The ways are as divergent as there are kinds of people.

Before everything else, I would put a *sense of humor*, by which I mean a capacity not only to laugh at others but to laugh at oneself. If only we could remember that in our most impassioned moments we are often the most ridiculous.

Next to healthy laughter, I would suggest that you cherish your childish *curiosity and wonder*. Pursue knowledge with the avid curiosity of the child; seek it out, sometimes in the spoken and written words of scholars and specialists, but never forgetting that sometimes it is hidden in the wisdom of the uncommon sense of the common man or woman. Seek it out from any source and never cease to wonder. Make it yours and continue the search. In this way, growth is assured to you.

Lest you think that a well-integrated personality is dull and stodgy, have a hobby or hobbies. It is important to keep your *capacity to play*. When you are young, dance and ski. When you get too old, substitute less strenuous activities but never be without some form of recreation in which you are an active participant.

And lastly, I would urge that along the way you sift the values, find the ones which for you constitute the most important things in life and, amidst all the change and flux, let them be your compass by which you may steer. Because I do not believe in rigidity in any field, I cannot suggest values for you. For some it may be Christian morality; for others it may be a scientific or cosmic conception. Names do not matter. Some may call these basic truths by one name, and some by another. Suffice it to say, we must have some central thread in this ever-changing flux we call "life." Find out yours and live by it. May your lives reach towards the highest as you know it so that, like a tree reaching and growing towards the sun, you may achieve the richest and fullest personal development. May your graduation be a beginning of reaching toward the unattainable, which some call divinity.

The man who makes no mistakes does not usually make anything.

— EDWARD J. PHELPS

Treatment of Squint in Childhood

SAM H. PATTERSON, M.D.

The idea promulgated at some past date, and still clung to by many, that children cannot be fitted with glasses or treated for cross eyes, is to be severely condemned. Early treatment in squint or cross eyes is an absolute necessity.

The degree of success for complete cure of squint depends largely upon the age at which treatment is instituted. By complete cure I mean not only correction of deformity, but also restoration of binocular vision and equalization of visual acuity of both eyes. These requirements are difficult to obtain even when treatment is instituted at the very beginning of the squint, but impossible if postponed until after the age of six years. Thereafter all that can be expected is cosmetic result.

Squint is a deviation from parallelism of the eyes, not overcome by involuntary effort. One eye alone is used for fixation, while the other deviates from the line of vision. This occurs from deficiency of either the central mechanism or the peripheral organ. To avoid diplopia there is always an immediate strong tendency to suppress the image of the deviating eye; this suppression leads to some degree of amblyopia.

Types of squint are chiefly paralytic and non-paralytic. Another is the rare kinetic type produced by sudden spasm of one of the muscles and caused by irritative lesions in the central nervous system.

Diagnosis ordinarily is easily made and apparent to all. If doubt exists, hold light or some bright object for the child to look at; cover one eye and observe the other. If it moves to find the light there is squint. If it does not move, repeat the process on the other eye. If neither eye moved there is no squint. Binocular vision can also be tested easily by placing a prism base before one eye. If that eye turns in, the child has binocular vision and cannot have squint. This can be done usually as early as four to six weeks.

Desire for image fusion and efforts at binocular vision begin as early as three weeks of age. Fusion tendency continues to become stronger until the age of six, after which any fusion tendency and dependent binocular vision is hard to obtain.

The accommodation and converging centres, being associated, produce contraction of the internal recti muscles, and the greater the accommodation required the greater is the stimulation to convergence.

If there is abnormality of the eye, such as hyperopia or astigmatism or both, causing the child to employ his accommodation in excess of required convergence, he is then faced with a dilemma — either he does not see clearly and gets convergence necessary, or he accommodates and gets too much convergence. Because the desire to see clearly dominates, convergent squint usually results. This is the time to instigate treatment.

Treatment consists of immediate refraction with mydriatic atropine. Retinoscopy can be done as early as one to one and a half years. Atropine should be continued for two or three weeks so the child will want to wear the glasses. Parenthetically I might add that atropine acts not only to relax muscles of accommodation, but some systemic benefits of its anti-spasmodic action occur. The mother usually volunteers information that the child is not so nervous and sleeps better.

Glasses must be worn during all waking hours, even during the bath. If the child tries to push them off, tie them on with string. Now is the time to win co-operation of the parents, without which nothing can be accomplished. Explain that a little patience and perseverance on their part now will save untold humiliation and embarrassment for the child in the future.

After the child tolerates glasses, and if the eye still squints, continue atropine in the non-squinting eye for one month. If squinting still occurs, complete occlusion, with a small eye pad or patch, should be started. Placing an occluder over the spectacle lens does not suffice as the child peeps around it.

It is wise to tell the parents that in the use of atropine and occlusion, you expect the good eye to begin to cross; else, they will become alarmed and accuse you of ruining the good eye.

At this point there is an alternating squint with good vision, with glasses, in each eye. Orthoptic training is indicated at this stage. Most oculists use some modification of Worth's amblioscope; others champion the use of prisms, claiming that by their use the image can be thrown constantly nearer the macula, and instead of getting training for fifteen minutes three times a week, the child receives continuous training.

If no improvement is noted at the end of three months by the above efforts, surgery must be resorted to, regardless of the age of the patient. It usually is performed between the ages of three and five years.

—*Ohio State Medical Journal, March. 40: 235-6*

Dear Sir or Madam

Every week or so, the mail brings a letter addressed to the editor, which opens with the salutation used as the title above. The various provincial executive secretaries have the same experience. Since this is such a common occurrence, one wonders why the nurses are so poorly informed regarding the persons who function faithfully, year in and year out, in the interests of those very nurses. The most easily found answer is that nurses, moving from one province to another, just simply do not know the "who's who" of the provincial executive secretaries, or the officers in our National Office either.

Who, then, are these people? First of all they are all nurses. Though there are a few male nurses in Canada, none holds office in any of the various associations. So, failing knowledge of a name, the correct salutation for a letter addressed to any of the executive secretaries, provincial or national, would be "Dear Madam." The use of the surname in this form of greeting is equally correct and even more courteous. The list of names of the executive secretaries can be found in the Official Directory which is published eight times a year as the last page of the *Journal*. In March, June, September, and December, when the full Directory is published, this page is not included but the names may be located under the listing of the officers of each provincial association. The editor's name is to be found above the Table of Contents in each issue.

The art of writing letters is taught in public school. The ability to express oneself fluently yet explicitly comes with practice and experience. Despite these opportunities, many people find it difficult to write a business letter. Let us use the right gender, anyway, in greeting the provincial or national executive officers.

In the Good Old Days

(*The Canadian Nurse*, May, 1908)

"If all nurses would be as careful about ordering special articles and appliances for the sickroom as they would be if they themselves were paying the bill, there would be fewer complaints about extravagance in graduate nurses."

"The element of unexpectedness enters largely into the pleasures of life. It can be used to excellent advantage in planning the convalescent's meals."

The Victorian Order of Nurses reported that "35 Victorian Order nurses are employed in hospitals, 46 in our training homes and districts, 33 nurses are undergoing training . . . making a total serving the Order of 114."

"A deputation from the hospitals of Ontario . . . waited upon the Provincial Secretary . . . to ask for an increase in the Government Grant, on the ground of increased cost of maintenance. The grant last year was at the rate of 20 cents per patient per day, and the deputation suggested an increase to 30 cents per day.

"The delegation which waited upon the Government . . . subsequently organized 'The Ontario Hospital Association.' "

"The British Medical Society, after obtaining reports from its branches throughout the Empire, has almost unanimously put itself on record as approving of registration for nurses."

"This new method of anesthesia (spinal) is one of the most interesting topics of discussion at the present time."

"The abdominal binder during the puerperal period is still in vogue, and doubtless will continue to enjoy popularity."

Book Reviews

On Hospitals, by S. S. Goldwater, M.D. 395 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1947. Price $9.00.

Reviewed by Eugenie M. Stuart, Assistant Professor in School of Nursing Administration, McGill School for Graduate Nurses, Montreal.

No more fitting memorial to the late Dr. Goldwater could be found than the collection of his papers which have been carefully edited in the recently published volume, "On Hospitals." A short biographical note written by Mrs. Goldwater and Dr. C. E. A. Winslow appears in the preface. These altruistic writings of Dr. Goldwater in the earlier part of this century are the principles of sound administration in hospitals today.

The book, primarily written for the hospital administrator, has been compiled under five main subtitles: Administration and Organization; Hospital and Doctor; Hospital, Patient and Community; Planning; Hospital Plans.

In the first section objectives in hospital administration, with the criteria for their establishment, are appraised. In the chapter entitled, Florence Nightingale on Hospitals, he quotes from Florence Nightingale's "Notes on Hospitals," the pithy "sententious utterances which might profitably be framed and hung over the desk of a hospital superintendent today."

The functions of the hospital medical staff are well analyzed in the second section, Hospital and Doctor.

In the section, Hospital, Patient and Community, Dr. Goldwater discusses two of the urgent present-day problems — hospitalization insurance and responsibility for community health.

The fourth and fifth sections on Planning and Hospital Plans illustrate the importance of the art of hospital building. The latter section is devoted to the description and drawings of a number of Dr. Goldwater's own projects. One chapter describes the school of nursing, Mount Sinai Hospital, New York City.

A bibliography and index of specific topics make this book an invaluable source of fundamental information for the student in hospital administration as well as an excellent reference book for the hospital superintendent.

The Cerebral Palsied Child and His Care in the Home, prepared by Viola E. Cardwell, R.N. 196 pages. Published by the Association for the Aid of Crippled Children, 580 Fifth Ave., New York City 19. 1947. Illustrated. Price (in U.S.A.) $1.00.

Reviewed by Dorothy Longley of Vancouver, B.C.

This handbook on the cerebral palsied child presents a concise and comprehensive study of the subject in its many and varied aspects.

As the author explains, "The purpose of this booklet, therefore, is to bring together excerpts or digests from some of the most outstanding material of recent years written by specialists working in different areas of the problem as an overview of present day thinking on this condition."

As such it should prove a valuable reference to all those interested in the care and treatment of these patients.

The causes and the extent to which treatment is effective is ably described in the beginning of the book and should do much to correct the many misconceptions prevalent in regard to these phases.

It is encouraging to read of the growing awareness of the problem in the United States and of the efforts being made to deal with the situation.

It is to be hoped that the distribution of this book throughout Canada will stimulate the interest of the nursing profession, the allied public services as well as the general public, and that that interest will be translated into a concerted action toward the foundation of a national program for the cerebral palsied child.

Textbook of Microbiology, by Kenneth L. Burdon, Ph.B., Sc.M., Ph.D. 728 pages. Published by The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 3rd Ed., revised. 1947. Illustrated. Price $3.50.

Reviewed by Marion Myers, Instructor, Saint John General Hospital, N.B.

This book is both informative and thought-provoking. It is divided into four main sections, the first of which deals with the elements of microbiology. In this part many of the common misunderstandings of students are made clear in the first few pages. The author's simple presentation of the microbe

families, their history, properties, classifications, etc., makes possible a clearer focusing on the medical aspects of the subject which follow.

Section Two is devoted to ways of direct and indirect transmission and spread of micro-organisms, as well as the various agents and methods used in their destruction.

Section Three is a presentation of bacterial destruction through body resistance and immunity. In this part the chapter on antigen-antibody reactions has worthwhile additional paragraphs on blood grouping and Rh factors. This further indicates that the text is designed to give wider understanding of body reactions to related but varied influences coming within the range of this subject.

Section Four deals with microbiology of diseases. The chapters which identify bacterial groups with body regions, viz., infections of the skin, gastro-intestinal tract, etc., are especially good. Such a method of presentation smoothly removes the subject from the microscope and test-tube stages to situations which constantly present a challenge to nursing in both sickness and health.

At the end of each chapter references and questions provide unlimited scope for study and review.

Psychology for Nurses, by Mandel Sherman, M.D., Ph.D. 237 pages. Published by Longmans, Green & Co., 215 Victoria St. Toronto 2. 1947. Price $3.25.

Reviewed by Kathleen Metheral, Instructor of Nurses, Calgary General Hospital, Alta.

This is a short, very readable book of psychology. It contains interesting material without giving too much detail. There are included in the text quite a number of psychological tests regarding intelligence, memory, learning, and personality ratings.

There are very few specific references to nursing problems. A brief mention is made regarding the effect of the emotions on physical health but apart from this there is little to help the student in understanding some of the personality disorders, prejudices, fears, and economic worries which complicate physical illness.

In a similar way the student nurse is left to apply the principles of psychology to herself in adjusting to her new environment. I feel that more assistance could have been given regarding problems of adjustment to the hospital ward, to members of the staff, to hospital regulations, and to her fellow students.

In the section regarding learning, intelligence, etc., the tests given were excellent but there was a lack of suggestions on how to acquire good study habits. Throughout the book there is little emphasis placed on the importance to the nurse of developing a sound philosophy of life.

This textbook would be useful as a reference for junior students — the material is easy to read and easy to understand.

It would be useful also as a reference for an instructor of psychology. The psychological tests would be particularly valuable in supplementing her own teaching material and in rating the students early in their training.

Personality and Its Deviations, an Introduction to Abnormal and Medical Psychology, by George H. Stevenson, M.D., F.R.S.C. and Leola E. Neal, M.A., Ph.D. 361 pages. Published by The Ryerson Press, 299 Queen St. W., Toronto 2B. 1947. Illustrated. Price $4.00.

Reviewed by Frances M. Copeman, Superintendent of Nursing Services, Saskatchewan Training School, Weyburn.

The authors have presented in this volume a discussion of psychiatric and mental hygiene problems from an angle which is entirely different from the usual orthodox texts on the abnormal emotional and personality states. It is very readable, interesting, and most instructive, and contains a philosophy of life which appears to offer a very wholesome, satisfying emotional adjustment to our environment.

One cannot avoid appreciating the all-embracing picture of a balanced mental hygiene program where prevention of mental illnesses should be the objective of all students and workers in this field, and the prominent part which mental hygiene and psychosomatic medicine must play in the larger field of maintaining a high standard of public health.

Materia Medica for Nurses, a Textbook of Drugs and Therapeutics, by W. Gordon Sears, M.D. 246 pages. Published by Edward Arnold & Co., London, Eng. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 2nd Ed. 1947. Price $1.25.

Reviewed by Helen E. Joncas, Science Instructor, Victoria General Hospital, Halifax, N.S.

This little book appears to be an extremely

for **soft smooth hands** that people admire...

Now you can have those well-groomed hands *On Duty* as well as *Off Duty*—in spite of the drying damage of frequent scrubbings, soap and water.

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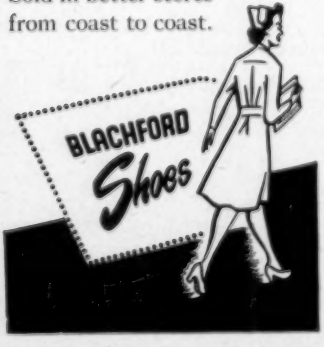

practical one which will prove of the greatest use to nurses. It supplies much information which will be of direct advantage and cannot fail to be helpful. It is concise but thorough and arranged for quick reference. Though small it contains a great deal of detailed knowledge. Drugs are conveniently classified and arranged to enable the nurse to acquire the desired knowledge a little more easily that she could from the larger books on the same subject.

Sections on sulfonamides and penicillin are worthy of special mention. So many of the former are being used that one is apt to become very confused in attempting to become acquainted with them all. Here they are classified into four main types and very conveniently grouped.

A valuable aspect of the book is a section on Latin terminology which should be very helpful to the student with no knowledge of this language or its pronunciation.

"Artificial" TB

JACQUES DUCHAINE, M.D.

In 1942, in occupied Belgium, the Germans drafted all young men of Jewish extraction between the ages of 15 and 45 years. They were deported to northern France and especially to the Calais area, where they were compelled to dig those fortifications and pill-boxes which ultimately were to be part of the famous Atlantic Wall.

This work was accomplished under the most stringent conditions as respects food, housing, and danger from British air bombings and long-range guns on the English side of the Channel. Underfed, ill-treated, housed in flea-infested barracks, under constant fire from allied retaliation with no adequate protection, as they were, it is no wonder that the mortality was extremely high — all the more so as the men came from all professions, including those of intellectual character, and were ill-prepared for the heavy tasks which were allotted to them.

ALERT FOR TB

Before they were sent to the coast, a thorough medical examination, complete with fluoroscopy, was made by German army doctors who were especially on the alert for any signs suggestive of active tuberculosis. If such signs were found the man concerned was

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hospitalized while a thorough check-up, complete with x-rays and sputum analysis, was performed. In case of the smallest doubt, the patient was discharged as having active tuberculosis and sent back home. This fact is all the more noteworthy as an indication of the Germans' dread of tuberculosis, as individuals with gross skeletal malformations, hernias, etc., were regularly taken as qualified for heavy work.

In brief, except for a few tuberculous cases, practically all men called upon were drafted and, for most of them, this spelt death.

In view of these facts, which became known through the escape of a small number of prisoners, some Belgian specialists belonging to various resistance movements felt justified in using unusual measures to counteract the Germans' action. Playing on their great fear of tuberculosis was the avenue that seemed most promising.

Induced Collapse

With this object, artificial pneumothorax was induced, generally on the right side (where it often shows better on x-ray films) in a number of young Jews, who willingly accepted it. The usual technique was used. In fifteen such cases in which the author personally induced the pneumothorax, the induction was effected without untoward incident. No pleural adhesion was encountered and in all cases collapse around the hilum occurred in textbook fashion. One noteworthy fact is that a small amount of fluid was always apparent in the costo-diaphragmatic sulcus on the next day.

On the eve of the German examination, a great amount of air was injected so as to blur shadows and to press the lung tightly against the hilum.

"Positive" Sputum

To get around the sputum analysis, the "candidate" was instructed to keep in his mouth a piece of cotton-wool soaked in a concentrated suspension of BCG. After the spitting of a sample of "positive" sputum, the cotton could easily be swallowed or otherwise disposed of.

These measures were on the whole successful and, to our knowledge, none of our "doctored" young men was ever found out. All of them went into hiding and their ultimate fate is unknown. For obvious reasons, no records or x-rays were kept.

— *Bulletin of the National Tuberculosis Association*

A COMFORTABLE PATIENT MEANS QUICKER RECOVERY

And the patient's diet should be both tasteful and nourishing.

Most doctors agree that a body, run-down by sickness, needs building up through nourishment. If the patient is unable to eat much, what he does eat must be *extra nourishing*. That's why we recommend Vi-Tone.

The ingredients contained in Vi-Tone have all been chosen for their highly nutritive value. They include defatted milk, Soya beans, iron salts, sucrose and barley-malt extract. The minerals, vitamins and other elements found in Vi-Tone are considered essential for maintaining good health.

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Free clinical samples available on request. Write to Vi-Tone Products Ltd., Dept. CN-2, Hamilton, Ont.

VI-TONE FOR VITALITY

No great ability is required to disorganize a group, but to hold people together for a constructive purpose is a challenge to the intellect.

How to Kill an Organization

Get sore if you are not appointed on a committee, but if you are do not attend committee meetings.

If you're asked by the chairman to give your opinion regarding some important matters, tell him you have nothing to say. After the meeting, tell everyone how things ought to be.

Do nothing more than is absolutely necessary; but when other members roll up their sleeves and willingly, unselfishly, use their ability to help matters along, howl that the organization is run by a clique.

Hold back your dues as long as possible, or don't pay at all.

Don't bother about getting new members. Let the secretary do it.

When a dinner is given, tell everybody money is being wasted on "blow-outs" which make a big noise and accomplish nothing.

When no dinners are given, say the association is dead, and needs a can tied to it.

Don't ask for a dinner ticket until all are sold.

Then swear you've been cheated out of yours.

If asked to sit at the speaker's table, modestly refuse.

If you are not asked, resign from the association.

Don't tell the organization how it can help you; but if it doesn't help you, resign.

If you receive service without joining, don't think of joining.

If the association does not correct abuses in your neighbor's business, howl that nothing is done.

If it calls attention to abuses in your own, resign from the association.

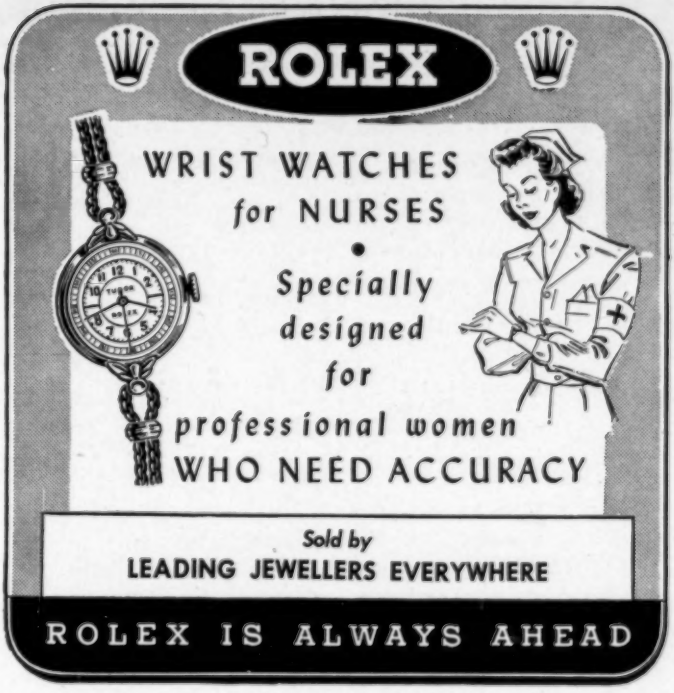
Keep your eyes open for something wrong, and when you find it, resign.

At every opportunity threaten to resign and then get your friends to.

When you attend a meeting, vote to do something, and then go home and do the opposite.

Agree with everything said at the meeting and disagree with it outside.

When asked for information, don't give it.



Curse the association for the incompleteness of its information.

Get all the association gives you, but don't give it anything.

When everything else fails, cuss the secretary.

— Elmira (N.Y.) Chamber of Commerce
— *Canadian Pharmaceutical Journal*

Un Cinquantenaire, 1898-1948

L'Ecole d'Infirmières de l'Hôpital Notre-Dame, la toute première école de langue française au Canada, comptait ses cinquante ans d'existence en janvier dernier.

En 1898, une soeur grise, Révérende Mère Mailloux, après avoir organisé l'Ecole d'Infirmières de l'Hôpital Saint-Vincent, Toledo, Ohio, était rappelée à Montréal par ses supérieures majeures qui lui confièrent la lourde tâche de jeter les bases de l'école cinquantenaire. Cette religieuse émérite a mis en oeuvre tous les ressorts de sa vaste expérience et de son intelligente initiative pour promouvoir le progrès de la nouvelle fondation et activer le zèle et l'ambition des élèves.

La cause de l'enseignement aux infirmières lui est sûrement redevable au sein de sa communauté et même dans d'autres milieux similaires qu'elle a guidés de ses conseils et aidés de son dévouement.

Nombreuses sont les infirmières qui doivent leur formation à cette méritante institution. Dispersées un peu partout sur le continent américain, elles ont prodigué aux malades leurs soins et leurs attentions avec un savoir et un dévouement dont les échos bienveillants ont sans cesse retenti tout à l'honneur de leur Alma Mater. Et durant les années terribles de la dernière guerre, l'armée, vaste champ d'abnégation, a particulièrement bénéficié de leurs services.

Toutes les infirmières de l'Hôpital Notre-

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THREE-MONTH POST-GRADUATE COURSE IN THE IMMUNOLOGY, PREVENTION, AND TREATMENT OF TUBERCULOSIS is offered to Registered Nurses. This course is especially valuable to those contemplating public health, industrial, or tuberculosis nursing.

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Supt. of Nurses,
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Dame, depuis les diplômées de la première heure jusqu'à celles de la présente année, sont cordialement invitées aux fêtes qui commémoreront ce Cinquantenaire *les 19 et 20 juin prochain.* A cet effet la direction serait reconnaissante de recevoir *le nom* et *l'adresse* de chacune à l'endroit suivant: **La Directrice des Infirmières, Hôpital Notre-Dame, 2205 rue Maisonneuve, Montréal 24.**

Thank You, Canadian Nurses

Through the Greek Red Cross Society four boxes of second-hand shoes (335 pairs) and one box of stockings (138 pairs) just reached the state School of P.H. Nursing.

On the outside of the boxes the name of the Greek War Relief Fund of Canada is marked but, from some notes found in the shoes, I am sure that the contents are donations of the Canadian nurses collected under your auspices. That is why I wish to express, through the Canadian Nurses' Association, our very sincere thanks to all the persons who participated in the sending.

Financial conditions remain very difficult in Greece, so these shoes will be greatly appreciated by the nurses who will receive them and of a real help to all of us.

The School of P.H. Nursing keeps particularly a very dear and grateful remembrance of all the parcels that arrived in 1946, after Miss Tsoukala's stay among you.

Please, believe to our very sincerely friendly feelings.

Sincerely yours,

A. C. APOSTOLAKI

Directress of the School for P.H.N.
7 Lamyosakou Str., Athens 6.

Canadian Red Cross

The following are recent staff changes in the Provincial Divisions of the Canadian Red Cross Society:

New Brunswick: APPOINTMENTS — *Greta Rubins* (Saint John General Hospital) as matron, *Marjorie Bennett* (Moncton Hospital), *Doreen Thurlow* (Chipman Memorial Hospital, St. Stephen), and *Bernice Gass* (Hotel Dieu, Kingston), newly-opened Harvey Community Hospital, Harvey Station; *Ethel M. Cuptill* (Chipman Memorial Hospital, St. Stephen), Grand Manan. RESIGNATION —

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E Outside of shield made of specially treated rubberized fabric.
F Inside of shield lined with soft downy flannel.
G Tabs for holding absorbent cotton.
H Specially designed bust uplift.
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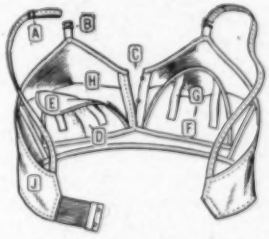

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Ontario: APPOINTMENTS — *Phyllis McGray* (Yarmouth Hospital, N.S.) and *Angeline Leota* (St. Joseph's Hospital), Bracebridge; *Adelene Fitzgerald* (Woodstock Training School) and *Marion Latimer* (St. Elizabeth's School of Nursing, Sudbury), Dryden; *Lilla Robbins* and *Janie MacEwen* (P.E.I. Hospital), Mindemoya; *Wilma Lippert* (Hamilton General Hospital) and *Elizabeth Mangelson* (Kitchener and Waterloo Hospital), New Liskeard; *Dorothy Morgan* (St. Joseph's Hospital, Toronto), Hawk Junction; *Delores Weiss* and *Sylvia Grossman*, certified nursing assistants, Bancroft and Lion's Head. RESIGNATIONS — *Barbara Bannihr* of Espanola and *Grace (Conway) Townes*. TRANSFERS AND RELIEF—*Mrs. A. Clark* from Rainy River to Bracebridge; *Jean Marsh* to charge work at Rainy River; *Ruth Weekes* from Thessalon to Atikokan; *Mabel Chisholm* from New Liskeard to Thessalon; *Mrs. Grace McKay* from Thessalon to Red Lake; *Shirley Hadden* from Thessalon to Richard's Landing; *Ruth McDiarmid* from Haliburton to Richard's Landing; *E. Cunningham* from Richard's Landing to Hali-

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burton; *Josephine Wiggins* from Richard's Landing to Rainy River; *W. Singleton* from Dryden to Red Lake; *Olga D'arbasie* to Thessalon; *Geraldine Garnett* relieves at New Liskeard.

M.L.I.C. Nursing Service

Simonne Cadieux (Sacred Heart Hospital, Hull) has been transferred back to Montreal from the Quebec City nursing staff, while *Rita Chamberland* (St. Sacrement Hospital, Quebec, and University of Montreal public health course) leaves Quebec City to go to Shawinigan Falls, Que. *Aldea Campeau* (St. Vincent de Paul Hospital, Sherbrooke, and University of Montreal public health course) has resigned from the company's service in Shawinigan Falls to be married.

Ontario

The following are staff changes in the Ontario Public Health Nursing Service:

Appointment: *Elizabeth Abernethy* (Soldiers' Memorial Hospital, Orillia, and University of Toronto certificate course), Amherstburg Board of Health.

Resignations: *Marjorie Ashie* (Peterborough Civic Hospital and University of Western Ontario certificate course) from York Township Board of Health — Miss Ashie is now public health nurse with her home school; *Mrs. Noreen Heath* (Royal Southern Hospital, Liverpool, Eng., and University of Pennsylvania public health course) from Bruce County health unit; *Fern Barker* (Kingston General Hospital and U. of T. certificate course) and *Mary Scott* (Hospital for Sick Children and U. of W. O.) from Northumberland and Durham health unit.

Victorian Order of Nurses

The following are recent staff changes from the Victorian Order of Nurses for Canada:

Appointments: *Ruth MacMillan*, *Marein Stiver*, and *Agnes Robinson* (University of Toronto School of Nursing), Toronto.

Resignations: *Laura Bowen* from Montreal to take up other work; *Evelyn (Knowles) Naylor* from Calgary; *Mary Miller* from North York to be married.

Leave of Absence: *Heather Matthew* from Sherbrooke.

News Notes

ALBERTA

LAMONT:

The annual reunion of the alumnae association of Lamont Public Hospital School of Nursing was held recently when Joan Graham, of Edmonton, was elected president for the coming year. To assist her, Mrs. C. A. Craig and Doris Wagar will serve as vice-presidents, with the secretary-treasurer, Mrs. B. I. Love. The executive consists of Mmes Shears, Alton, Cleary, and Southworth. Mrs. Craig moved a vote of thanks to Mrs. Southworth for her work as president for the past two years.

Plans were made to raise funds for the Scholarship Fund. It was decided that the applicant accepted to receive the scholarship could choose her own type of post-graduate work.

At the banquet in the evening, Mrs. A. E. Archer proposed the toast to the hospital, recalling that it consisted of two nurses and twenty beds at its beginning. In replying, Mrs. B. Cooper, superintendent of nurses, spoke of the 239 graduates and of plans for the new wing. The guest speakers were Stanley W. Ross, city barrister, and Helen Penhale, director of the University of Alberta School of Nursing.

Mr. Ross spoke of the danger of allowing conditions in Europe to remain as they are. He declared that our only hope of delivery from future wars lies in a determination to do away with extreme nationalism, and to come to the assistance of countries in need before they turn to other sources of help.

Miss Penhale spoke of the need for good nursing education in order to ensure adequate nursing care for the patient. Speaking of training, she said that the school of nursing at the University of Alberta is unique in that it is the only one in Canada where the director of hospital nurses is also director of the school of nursing, and where the director has control over the students during the whole five years of their course, both at university and in the hospital.

BRITISH COLUMBIA

CHILLIWACK:

Fifty members were present at a recent meeting of Chilliwack Chapter, when the president, Mrs. E. Roberts, was in the chair. Hazel Rogers presented a report on the annual district meeting held at Haney with Maple Ridge Chapter as hostesses. Ten members from the chapter were in attendance. Mrs. Young, of the Local Council, outlined its aims and objectives and the chapter agreed to become a member. Five delegates were chosen. Delegates were also appointed to the Cancer Society. It was agreed to continue sending parcels to Britain, the next one to go to Lucy Hodgkins, former matron of Chilliwack Hospital.

An informative talk was given by Dr. G.

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Session 1948-49

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II. **Courses for Graduate Nurses:** (Entrance requirement: Junior Matriculation). These are all one-year Certificate courses as follows:

Nursing Education: General (preparation for teaching).

Nursing Education: Advanced (a course organized for those preparing for senior administrative work in nursing schools).

Public Health Nursing: General.

Public Health Nursing: Advanced courses in Administration and Supervision, or other specialty.

Clinical Supervision in:
(a) Medicine
(b) Surgery
(c) Obstetrics
(d) Paediatrics
(e) Operating-room procedure
(f) Tuberculosis or other specialty as selected.

Note: In Clinical Supervision the student chooses one of the above as her field of study for the entire year.

III. **A Special Arrangement for Graduate Nurses:** Whereas a candidate with Senior Matriculation standing may register in the Faculty of Arts of this University and complete the Pass course in Arts in 3 years, and, whereas some of the subjects of this Pass course in Arts are identical with certain subjects included in the above Certificate courses, it has been arranged that a graduate nurse who registers in this Pass course in the Arts Faculty may register at the same time in this School and, during the same 3 years, cover the requirements for the Certificate in one of the courses as described above, except that the courses in Clinical Supervision are not included in this arrangement.

For information and calendar apply to:

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Miss Caroline Barrett, R.N., Supervisor, Women's Pavilion, Royal Victoria Hospital, Montreal 2, P. Q.

or

Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital, Montreal 2, P. Q.

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Superintendent of Nurses, Toronto Hospital, Weston, Ontario.

Enns on "The Rh Factor." He also included the case history of a local mother and child. M. Anderson contributed to the evening's entertainment with piano selections.

ROSSLAND:

F. A. Kennedy, the president, was in the chair at a recent meeting of Rossland Chapter when thirteen members were present. A report was given concerning the January tea held at the home of Mrs. M. Clarke. Mrs. R. D. McAllister reported that the Red Cross home nursing classes had been abandoned until the fall when it is hoped greater interest will be evident. A report on *The Canadian Nurse* was read by Mrs. A. Wood, who also gave a résumé of one of the *Journal* articles — "Values Old and New." E. Tier and F. A. Kennedy were appointed representatives of the chapter to the meeting of citizens to form a Film Council, under the auspices of the Junior Board of Trade.

Mrs. W. C. Stevens was in charge of the program when Mrs. L. E. E. Hamilton gave an interesting talk on "The Nurse in a Changing Age." Refreshments were served by Mmes R. Williamson, J. R. Osborne, W. K. Scatchard, and Miss I. Del Puppo.

Eight members motored to Nelson to attend the district meeting held in February. Nan Kennedy was elected to the office of district treasurer and Flora McLean as district councillor.

VICTORIA:

Royal Jubilee Hospital:

The annual reunion dinner of graduates of the hospital was held recently when over one hundred nurses were present. Lena Mitchell, for twenty-one years director of nursing at the hospital, was guest of honor. Miss Mitchell retires this year. Mrs. A. W. Aylard, member of the first graduating class following Miss Mitchell's appointment, paid tribute to her long and valued service. During her term, 817 of the 1,151 graduates of R.J.H. were trained. On behalf of the alumnae members, Miss Mitchell was presented with an electric mantel clock, suitably inscribed.

Fourth South, now the Henry Heisterman Eye Unit, has been given over entirely to eye surgery and treatment, under the supervision of Z. Beattie, a St. Boniface Hospital graduate. Mr. C. Morrison, former secretary, succeeded Dr. M. Beckett as superintendent of the hospital. M. Bawden, bursary winner, is now with the V.O.N. in Victoria. Laura McDonald, of Carnduff, Sask., was the winner of the Robert S. and Patience Day Memorial Scholarship. Rae Kirkendale has accepted the position of assistant social welfare administrator for Victoria. D. E. Boyd-Wallace and O. Wilson are with the D.V.A. Misses S. P. Anderson, V. Berry, Shortreid, C. V. Fox, M. Thomas, K. Muckle, Shelling, and Mrs. F. J. Schroeder are working in doctors' offices. Miss Gifford has returned to the V.O.N. after attending U.B.C. E. Rossiter has been taking a post-graduate

course in hospital administration at the McGill School for Graduate Nurses. Hope Hewett, former assistant registrar with the R.N.A.B.C., is now with a T.B. unit. B. E. Ponfret is taking the course in teaching and supervision at the University of Toronto School of Nursing. I. F. Carter is with the medical department of the Bible Institute of Los Angeles. Jean (Moore) Bothwell is with the Royal Columbian Hospital, New Westminster. Mrs. M. Napier is on the R.J.H. staff. R. Kennedy and P. Harwood are attending U.B.C. E. Green is now instructor of the teaching department with Florence Ferguson as her assistant.

Replies have been received from British nurses to whom parcels have been sent. It is felt that the gifts from the members are much needed and appreciated.

In Seattle, at a recent shower held for K. (Morrison) Anderson at the home of Mrs. McKay, Dianna Crystal interested several in joining the alumnae.

Dr. John D. Stenstrom successfully performed an operation, using the Blalock Taussig technique, on a ten-year-old "blue baby" from Duncan. The operation was the first of its kind performed at R. J. H.

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Your white shoes really take on that *spotless, immaculate* look—when you clean them with **2 IN 1 WHITE CLEANER.** (All good grocers and druggists feature 2 IN 1). Handy applicator with every bottle.

MANITOBA

BRANDON:

"Manitoba Authors" was the subject of the guest speaker, Anne Macdougall, at a recent meeting of the Brandon Association of Graduate Nurses. She told the members particularly of the authors who had written of the early pioneer days in and around Brandon. Mrs. Ferg, whose group had charge of the evening, introduced the guest, while Mrs. Dwight Johnson expressed the thanks of those present. Marion Patterson, the president, was in the chair. Also in attendance was C. Macleod, a life member of the association.

NEW BRUNSWICK

SAINT JOHN:

Judge Pepperdene was the guest speaker at a meeting of Saint John Chapter when the president, Bessie Seaman, was in the chair. His talk dealt with his association with the

Jones Studio, Victoria, B.C.

Miss Mitchell is fifth from the left at head table.

PROFESSIONAL ADJUSTMENTS
I and II

By Lena Dixon Dietz, Jacksonville, Illinois. The special adjustments characteristic of the nursing profession are discussed in these two excellent books which have gone into many printings. Book I: 236 pages, eighth printing, 1946. $3.25. Book II: 441 pages, sixth printing, 1946. $3.50.

MEDICAL ETHICS FOR NURSES

By Charles J. McFadden, Villanova, Penna. An authoritative text on the important subject of ethics for Catholic nurses, prepared by a leading Catholic educator. An inspiring textbook for every graduate or student nurse. 356 pages, third printing, 1947. $3.75.

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McGILL UNIVERSITY, MONTREAL 25

Juvenile Court. Plans were made for a Bring and Buy Sale and for a telephone bridge. Reports from the sections showed considerable activity.

Miss Downing was in the chair at a meeting of the General Nursing Section, Saint John Chapter. Plans were made to obtain articles for *The Canadian Nurse* and for the annual Nurses Ball. Bessie Seaman, chapter president, and Jane Thorne, registrar of the local registry, were guests.

General Hospital:

The entertainment committee of the Women's Hospital Aid recently sponsored an enjoyable party for the probationary class of nurses. Mmes Dearborn and Trecartin were conveners. Games were enjoyed, followed by a sing-song. Margaret Murdoch, superintendent of nurses, and Mrs. E. R. Haggerman were special guests.

Florence McLaren has joined the staff of the obstetrical department. Ruby Taylor has returned, having completed a six-month course in surgery at the Cook County Hospital, Chicago. Miss Chase has returned to surgery having finished her course in surgery at the Deaconess Hospital, Boston. Alice Newcombe is now supervisor of the operating-room, replacing Helen Cahill who resigned to be married. Connie Haney and Jean Crawford are with the Westminster D.V.A. Hospital, London, Ont. Jessie Andrews spent some time doing general duty at the Eventide Home, Quincy, Mass. Doris Hoyt and Mary Miller are on the staff of the Lancaster D.V.A. Hospital, West Saint John. Audrey Weldon and Sadie Clarke are in London, Ont. Margaret Wilcox is with the Saint John Board of Health. Doreen Butler has returned from New York to be married and reside in Saint John.

ONTARIO

Districts 2 & 3

GALT:

A number of interesting meetings have been held in the past months by the Galt Nurses Alumnae Association. In November they were hostesses to Districts 2 and 3 when Gladys Sharpe, R.R.C., of McMaster University School of Nursing, was guest speaker. An interesting film on "Pneumonectomy and Abdominal Surgery" was shown by Mr. Faeder at the February meeting. He is a member of the Civic Service Club.

A number of boxes of food have been sent to the nurses' association in Britain for which letters of grateful acknowledgement have been received.

District 4

HAMILTON:

Anna M. Oram was in the chair at the annual meeting of District 4 held at St. Joseph's Hospital. The reports of the various committees and sections were read and discussed and it was felt that 1947 had been a successful year.

Mary E. Blackwood, chairman of the now disbanded Hamilton Chapter, gave her report, and it was shown that the interest had been keen and meetings well attended, with a sense of responsibility felt by all members.

The report of Catharine O'Farrell, the Niagara Peninsula Chapter chairman, revealed an active year for that chapter. Miss O'Farrell was chairman of the War Memorial Fund for the district and, with her guidance and the help of the district members, the district's objective was passed.

To raise funds for food parcels for British nurses, the district nurses living in Hamilton, under the chairmanship of Mary Blackwood, and with the help of a fine group of nurses, reserved the Savoy Theatre for an evening in March when an excellent concert was given by the Leslie Bell Singers. This proved a successful project and enough money was raised to ensure food parcels going from that section of the district for some time.

ST. CATHARINES:

A regular meeting of Niagara Peninsula Chapter, District 4, took the form of a dinner meeting when over a hundred members and guests were present. Seated at the head table, with the chairman, Catharine O'Farrell, were: A. Oram, district chairman; Bernice Lousely, vice-chairman; Evelyn Robson, Elsie Schuman, Eleanor Smith, secretary, and Dorothy Sharpe. The chairman welcomed the 1948 graduating classes from the St. Catharines and Niagara Falls general hospitals. Representatives of the Graduate Nurses' Association from this peninsula and the various nurses' alumnae groups were thanked on behalf of the chapter for their support of the very successful War Memorial Fund campaign.

"National Parks System" was the subject of the guest speaker, Dorothy Sharpe. Colored slides heightened the interest of Miss Sharpe's talk concerning Canadian and American national parks. Mary Floyd, the public health representative, introduced the speaker, who was thanked by I. Vohman, *Canadian Nurse* representative. Thanks were extended to the arrangements committee by M. M. Coomb, superintendent, Welland County Hospital.

Ina and Mary Fitzgibbon contributed to the musical program.

DISTRICT 5

TORONTO:

Officers elected by the Toronto East General Hospital Alumnae Association include: President, Mrs. G. Seelig; vice-president, Mrs. R. Derbyshire; recording and corresponding secretaries, E. Ross, Mrs. E. Philip; treasurer, E. Campbell.

A successful bridge was held by the alumnae, the proceeds in aid of the building fund. An interesting talk on "The Royal Wedding" was given by Margaret Aitken of the *Toronto Evening Telegram*. Marjorie Herbert was the winner of an oil painting, an Ontario scene by Geo. Collins, in the raffle. Vocal selections were rendered by Doris Childerhose.

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QUEBEC

MONTREAL:

Homoeopathic Hospital:

The annual bridge of the alumnae association was held recently in order to raise funds for scholarships for post-graduate study.

M. Henderson is leaving to take up general duties at the King Edward VII Memorial Hospital, Bermuda. M. O. Berry, operating-room supervisor, will observe operating-room techniques in various hospitals in Toronto, Boston, and Rochester, N.Y. L. Henshaw, central supply room supervisor, is observing C.S.R. set-ups in Toronto. G. Anderson and V. Butler are taking a six-month course in eye surgery in Philadelphia.

SHERBROOKE:

The Sherbrooke Hospital Alumnae Association and the English Chapter, District 3, A.N.P.Q., recently held a joint meeting, when Mrs. E. Lavallée presided at the business meeting of the alumnae. Plans were made to hold a food sale, a raffle, and a dance. It was reported that three bales of clothing were sent to headquarters in Montreal to be forwarded to needy children in Europe. Following adjournment of this meeting, Mrs. Nelson Lothrop presided at the district meeting. She announced that a reference library had been organized and several new books procured for the use of members.

The guest speaker, Marion Lindeburgh, was introduced by Mrs. Lothrop, when she gave an interesting address on "The Nursing Situation in General." Miss Lindeburgh is director of the McGill School for Graduate Nurses. Olive Harvey, superintendent of Sherbrooke Hospital, thanked Miss Lindeburgh.

Misses Olson, Mathias, Brown, Patton, Gratham, Carroll, Harrison, Padner, Boucher, and Mrs. Colton are doing floor duty. A new addition to the staff is Miss McCullough of Jeffery Hale's Hospital, Quebec City. Miss Delaney is replacing Miss Matthews temporarily on the V.O.N. staff. Isabel Miller is taking a missionary course in Toronto.

SASKATCHEWAN

MOOSE JAW:

The Providence Hospital Alumnae Association recently elected the following officers: Honorary president, Rev. Sr. M. Raphael; president, Mrs. E. G. (Wellsch) Closs; vice-president, Mrs. A. (Stephenson) Butler; secretary-treasurer, E. M. Jones; editor, E. K. Kuffner; committee conveners: social, Mrs. F. (Kane) Slack: visiting, Mrs. P. (Farwell) Strickland.

Definition of a conference:

A meeting of people who do not know what to do, and who then conclude that nothing can be done.

Positions Vacant

One Additional Associate Director of Nursing Service for Civic Hospital, Ottawa, Ont. 975-bed hospital. 250-300 students. Preference given to applicants with satisfactory professional and academic qualifications in addition to executive ability. Apply to E. G. Young, Director of Nursing.

Nursing Arts Instructor for General Hospital, Winnipeg, Man. Position open Aug. 1. Graduate preparation and experience required. 8-hr. day, 48-hr. week. Salary dependent on experience, education. 1 month's holiday on salary. Sick time on salary after 1st year. May live in residence if desired. Apply, stating date of graduation, graduate education, experience, references, to Supt. of Nurses.

Health Instructor and Counsellor for General Hospital, Winnipeg, Man. Position open Aug. 1. Graduate education and experience required. 8-hr. day, 48-hr. week. Salary dependent on experience, preparation. 1 month's holiday on salary. Sick time on salary after 1 year's service. May live in residence if desired. Apply, stating date of graduation, education, experience, references, to Supt. of Nurses.

Assistant Instructor. Position open Aug. 15. Student enrolment 150. Apply Supt. of Nurses, General Hospital, Saint John, N.B.

Public Health Nurses (2) with or without experience. Duties to commence about July. Minimum salary: $1,700. Good car allowance and effective superannuation scheme. Assistance in purchase of car may be arranged up to 100% with the Unit. Apply Sec., Elgin-St. Thomas Health Unit, City Hall, St. Thomas, Ont.

Graduate Nurses for Operating-Room (post-graduate course desirable or considerable experience). Salary: $137.33 a month plus meal and laundry. Living out. Increase of $5.00 after 3 months if post-graduate, otherwise after 6 months. For full information apply Director of Nursing Service, Victoria Hospital, London, Ont., giving full particulars as to graduation, experience, references, when available for duty.

Graduate Nurse to act in capacity of **Night Float** for relief of nurses on nights off. Should have experience in Obstetrics. Would not be responsible for Operating-Room. Certain amount of responsibility must be taken for student nurses and for supervisor's nights off duty. 1 night off each week and 1 week-end each month. 1 month's vacation with pay after a year. Apply, stating qualifications, salary required, Supt. of Nurses, General Hospital, Port Arthur, Ont.

Graduate Nurses for 23-bed General Hospital. Salary: $145 gross. 8-hour day. 4 weeks' holiday and statutory holidays yearly. Separate Nurses Home. Apply Sec.-Supt., Quesnel Hospital, Quesnel, B.C.

General Duty Nurses. Salary: $120 per month. 8-hour day. 6-day week. Full maintenance. For further particulars apply Supt., Municipal Hospital, Vulcan, Alta.

Registered Nurse for Night Supervisor. Salary: $160 per month plus full maintenance. 6-night week. Apply General Hospital, Chatham, Ont.

Supt. of Nurses for large General Hospital with School for Nurses averaging 150 students. Applicants should give full details of education, post-graduate training, experience, references, etc. Correspondence invited. Apply in care of Box 3, The Canadian Nurse, Ste. 522, 1538 Sherbrooke St. W., Montreal 25, P.Q.

Director of Educational Program. A new development of the General Hospital, Kingston, Ontario, makes possible this vacancy. Applicants should give full information of training and experience. Apply to Supt. of Nurses.

Qualified Registered Nurse as Instructor for 150-bed General Hospital. 75 students. Duties to commence Sept. Salary: $150 per month plus $30 maintenance. Apply, stating qualifications, experience, age, religion, to Supt. of Nurses, General Hospital, Chatham, Ont.

District Nurse in Province of Alberta. Rural service: Emergency treatment, preventive and maternity program. Furnished cottage, fuel, water supplied. Salary schedule: $1,920-$2,400. Sick leave, annual vacation, superannuation. Apply to Director, Nursing Division, Dept. of Public Health, Edmonton, Alta.

Graduate Nurse for **General Staff Duty** for 350-bed Tuberculosis Hospital. Starting salary: $110 per month plus full maintenance. Apply to Miss C. Louise Bartsch, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

Graduate Staff Nurses for modern 120-bed hospital, fully approved. 60 miles from New York City. Salary range: $2,100-$2,400. Vacation, sick time, 10 holidays, 48-hr. week. Added compensation for evening and night duty. Salary increase every six months. Attractive residence facilities available if desired. Apply to Director of Nursing, Horton Memorial Hospital, Middletown, New York.

Registered Nurses for General Staff at Ontario Hospitals in Brockville, Hamilton, Kingston, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock, and Toronto Psychiatric Hospital. Initial salary: $1,740 per annum, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 weeks' vacation, statutory holidays, special holidays, 8-hour day, 6-day week. Apply to Supt. of Nurses at above hospitals.

General Staff Nurses. 44-hour week. Gross salary: $155 plus laundry, with increases. Extra $5.00 all night rotation shifts. All perquisites. Registration in British Columbia essential. Apply to Director of Nursing, Vancouver General Hospital, Vancouver, B.C.

Graduate, Registered Nurse for **Floor Duty.** Salary: $100 per month; full maintenance; increase of $5.00 per month after 1 year's service, up to 3 years. 8-hour duty. Blue Cross Hospitalization. Apply to Supt., Barrie Memorial Hospital, Ormstown, P.Q.

Qualified Dietitian for General Hospital. Good salary and full maintenance. Apply to Administrator, General & Marine Hospital, Owen Sound, Ont.

Nurses Arts & Science Instructors to commence classes Sept. 1. State qualifications, date available in first letter. Apply Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alta.

Registered Nurses with Psychiatric experience immediately for active treatment 1500-bed Psychiatric Hospital, conducting accredited School of Nursing. Straight 8-hr. day, 6-day week, 31 days' vacation annually with pay. Excellent living accommodation. Gross salary: $155 monthly. Annual increases. Maintenance $30. Uniforms provided. Apply Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alta.

General Duty Nurses for Municipal Hospital in city of 5,000, situated in Central Alberta close to popular summer resort & main cities. 65 beds under direction of Supt. 8-hr. shifts. 6-day wk. 3 wks' annual vacation with pay at end of 1 yr; prior vacations may be arranged. Commencing salary: $110 monthly with full maintenance; increased to $115 at end of 6 months & to $120 at end of 12 months. Apply, stating age, marital status, experience, to Nursing Supt., Municipal Hospital, Red Deer, Alta.

Registered Nurses having good Clinical experience for **Visiting Nurse** in rural communities in New Brunswick. Public Health course preferred. Living quarters provided; also office where ambulatory patients may call for advice & treatments. Work also includes bedside nursing in homes. For further information apply Supervisor, Outpost Hospital & Nursing Services, New Brunswick Division, Canadian Red Cross Society, 66 Prince William St., Saint John, N.B.

General Duty Nurses for Joyce Memorial Hospital, Shawinigan Falls, Quebec. 42 beds. 8-hour shift. Salary: $32.50 per wk, day duty; $34.50 afternoon & night duty. 8 statutory holidays. 15 days' vacation with pay. Increase in pay after 1 yr. Apply to Supt. of hospital.

Science Instructor for School of Nursing, averaging 70 students. School connected with General Hospital; capacity 155 beds. Position open in August. Apply, stating salary, educational status, professional experience, to Director of Nursing, Holy Family Hospital, Prince Albert, Sask.

General Duty Nurses for 80-bed General Hospital. Salary: $115 per month (including pay for O.R. call and bonus) plus maintenance. Increase at end of 6 months to $120 and at end of 1 year to $125. 8-hour day, 6-day week, 2 weeks' holiday with pay (3 weeks given at end of 2nd year.) Allowance for sick leave, hospitalization, statutory holidays. Additional $5.00 per month for 3:30 shift. Apply, stating qualifications, date available, to Supt., Norfolk General Hospital, Simcoe, Ont.

Assistant Superintendent. Salary: $1,560. **General Duty Nurses.** Salary: $1,320. 16-bed hospital. 8-hour day, 6-day week. Full maintenance. Apply Supt., Louise Marshall Hospital, Mount Forest, Ont.

Supervisor for Clinical Teaching in 25-bed hospital. **Head Nurse** for 20 bed-ward. 8-hour day, 6-day week. 1 month vacation with pay after 1 year. Apply, stating qualifications, salary expected, to Supt. of Nurses, Children's Hospital, Winnipeg, Man.

Operating-Room Nurse for Halifax Tuberculosis Hospital. Both general surgery and special chest surgery performed at this hospital. Apply, stating salary expected, experience or special qualifications, to Dr. A. R. Morton, Commissioner of Health, City Hall, Halifax, N.S.

WANTED—NURSES

There are vacancies on the Graduate Staff of the **Nova Scotia Sanatorium, Kentville, N.S.** for qualified Nurses. *Salary* starts at $95.00 per month plus full maintenance. Good hours with excellent working facilities and living accommodation. Opportunities for advancement. Appointments carry holiday, sick leave, and superannuation benefits of the Civil Service.

Application forms may be obtained from the: **Nova Scotia Civil Service Commission, P.O. Box 943, Halifax, N.S. or by telephoning No. 3-7341-Branch 230.**

Public Health Nurses for Northumberland-Durham Health Unit. Salary range: $1,800-$2,500. Car provided or car allowance. Apply W. E. Barr, Sec., Cobourg, Ont.

Graduate Nurses with Public Health Certificates for Nursing Service in Public and Secondary Schools. Apply, giving qualifications, experience, age, and other particulars, to Miss Mollie Towers, Sec., Board of Education, Sault Ste. Marie, Ont.

Operating-Room Nurse and 2 Graduates for General Duty at once for holiday relief and possible permanent appointment on staff West Coast 30-bed hospital. New 60-bed hospital to be occupied in July. Exceptional opportunity for nursing experience. Gross salary: $145 per month, less usual deductions. 8-hour day, 6-day week, 4 weeks' annual vacation with pay. Staff accommodation. Apply Administrator, St. George's Hospital, Alert Bay, B.C.

Director for Expanded Program of Red Cross Home Nursing in New Brunswick. Enthusiastic person with organizing and teaching ability required. For further information apply New Brunswick Division, Canadian Red Cross Society, 66 Prince William St., Saint John, N.B.

Classroom Instructor for 100-bed hospital. Apply, stating qualifications and when services available, to Supt. of Nurses, Sherbrooke Hospital, Sherbrooke, Que.

General Duty Nurses for 20-bed hospital. Salary: $125 per month plus 3 meals and laundry. 7 days' sick leave. Apply to Supt., General Hospital, Palmerston, Ont.

Pediatric Supervisor with post-graduate experience for busy 20-bed Pediatric Dept. Must be qualified to teach student nurses. Apply, stating qualifications, salary, etc., to Supt. of Nurses, General Hospital, Yorkton, Sask.

Nursery Supervisor for 60-bed Obstetrical hospital. 8-hour day, 6-day week. 3 weeks' annual vacation. Apply, stating qualifications, experience, salary expected, to Supt., Grace Maternity Hospital, Halifax, N.S.

Night Supervisor for 150-bed hospital. 1 full night off per week. Salary: $160 per month plus full maintenance. Apply, stating qualifications, age, experience, and religion in 1st letter, to Supt. of Nurses, General Hospital, Chatham, Ont.

Night Supervisor for 88-bed hospital. Salary: $125 per month with full maintenance. 1 night off each week. 4 weeks' annual vacation. Sick leave. Apply, stating age, qualifications, experience, to Supt. of Nurses, Highland View Hospital, Amherst, N.S.

Public Health Nurse (additional) for Halton County Health Unit. Salary: $1,800 minimum. Assistance can be arranged for purchase of car and car allowance provided. Apply, stating experience, to office of unit at Milton, Ont.

Public Health Nurses (2). Dept. of Health, Township of North York, adjacent to Toronto, is increasing their P.H.N. staff to 7, Aug. 1 or 15. Initial salary: $1,700 with P.H.N. course; additional for experience. $600 annual car allowance. Apply, stating age, experience, nursing training, etc., to Dr. Carl E. Hill, M.O.H., Willowdale, Ont., before *June 15*.

Staff Nurse for Welland and District Health Unit. Duties to commence as early as possible. Urban area; transportation is supplied. Apply, stating experience, to Dr. L. W. C. Sturgeon. 120 King St., Welland, Ont.

Charge Nurse for 12-bed Pediatric Ward and 30-crib Nursery Unit. **General Duty Nurses and 2 Operating-Room Nurses.** Railway fare refunded up to $60 after 1 year's satisfactory service. Apply Director of Nursing, General Hospital, Welland, Ont.

Official Directory

CANADIAN NURSES' ASSOCIATION

1411 Crescent St., Montreal 25, P.Q.

President..... Miss Rae Chittick, Faculty of Education, University of Alberta, Calgary, Alta.
Past President..... Miss Fanny Munroe, Royal Victoria Hospital, Montreal 2, P.Q.
First Vice-President..... Miss Ethel Cryderman, V.O.N., 281 Sherbourne St., Toronto 2, Ont.
Second Vice-President... Miss Evelyn Mallory, University of British Columbia, Vancouver, B.C.
Third Vice-President.... Miss Marion Myers, Saint John General Hospital, Saint John, N.B.
Honorary Secretary..... Rev. Sister Denise Lefebvre, 1185 St. Matthew St., Montreal 25, P.Q.
Honorary Treasurer..... Miss Lillian Pettigrew, 214 Balmoral St., Winnipeg, Man.

COUNCILLORS AND OTHER MEMBERS OF EXECUTIVE COMMITTEE

Numerals indicate office held: (1) President, Provincial Nurses Association; (2) Chairman, Committee on Institutional Nursing; (3) Chairman, Committee on Public Health Nursing; (4) Chairman, Committee on Private Duty Nursing.

Alberta: (1) Miss B. Emerson, 23 Rene LeMarchand Mansions, Edmonton; (2) Miss A. Anderson, Royal Alexandra Hospital, Edmonton; (3) Miss G. Hutchings, Strathmore; (4) Miss Orma Smith, Galt Hospital, Lethbridge.

British Columbia: (1) Miss E. Mallory, University of B.C., Vancouver; (2) Miss E. Davis, Ste. 22, 1311 Beach Ave., Vancouver; (3) Miss A. Beattie, 1325 W. 12th Ave., Vancouver; (4) Miss K. MacKenzie, 1584 W. 13th Ave., Vancouver.

Manitoba: (1) Miss I. Barton, Veterans' Home, Winnipeg; (2) Miss V. Williams, St. Boniface Hospital; (3) Miss D. Dick, City Health Dept., Winnipeg; (4) Miss M. Muir, 16 Gordon Apts., Winnipeg.

New Brunswick: (1) Miss M. Myers, Saint John General Hospital; (2) Sr. M. Rosarie, St. Joseph's Hospital, Saint John; (3) Miss M. Clark, 285 Germain St., Saint John; (4) Mrs. B. Nash Smith, 57 Queen St., Moncton.

Nova Scotia: (1) Miss L. Grady, Halifax Infirmary; (2) Miss R. MacDonald, Aberdeen Hospital, New Glasgow; (3) Miss M. Shore, 314 Roy Bldg., Halifax; (4) Mrs. D. Luscombe, 364 Spring Garden Rd., Halifax.

Ontario: (1) Miss N. D. Fidler, 849 Kildare Rd., Windsor; (2) Miss C. Tavener, 42 Isabella St., Toronto 5; (3) Miss S. Wallace, Dept. of Health, Parliament Bldgs., Toronto 2; (4) Miss D. Marcellus, 166 Roxborough St. E., Toronto 5.

Prince Edward Island: (1) Mrs. L. MacDonald, P.E.I. Hospital, Charlottetown; (2) Miss K. MacLennan, Provincial Sanatorium, Charlottetown; (3) Miss E. Wheler, Public Health Dept., Summerside; (4) Mrs. M. Storey, 91 Fitzroy St., Charlottetown.

Quebec: (1) Rev. Soeur Valérie de la Sagesse, I.E., Hôpital Ste-Justine, Montreal 10; (2) Miss C. Lynch, Allan Memorial Institute, 1025 Pine Ave. W., Montreal 2; (3) Miss H. Perry, 4814 Fulton Ave., Montreal 26, (4) Mlle A. M. Robert, 3677 rue Ste-Famille, Montréal 18.

Saskatchewan: (1) Miss E. James, Regina General Hospital; (2) Miss S. Leeper, 130-8th St. E., Saskatoon; (3) Miss G. McDonald, No. 5, 2025 Lorne St., Regina; (4) Mrs. E. Lewis, 205 Bliss Block, Prince Albert.

Religious Sisters: Rev. Sr. Columkille, St. Paul's Hospital, Vancouver, B.C.; Rev. Sr. M. Kathleen, St. Michael's Hospital, Toronto 2, Ont.; Rev. Sr. St. Gertrude, Civic Hospital, 1051 Chemin de la Canardière, Quebec, P.Q.; Rev. Sr. M. Irene, Holy Family School of Nursing 15th St. W., Prince Albert, Sask.

CHAIRMEN OF NATIONAL COMMITTEES

Committee on Constitution and By-Laws: Miss Eileen Flanagan, 3801 University St., Montreal 2, P.Q.
Committee on Educational Policy: Miss Agnes Macleod, Dept. of Veterans' Affairs, Ottawa, Ont.
Committee on Institutional Nursing: Rev. Sister Delia Clermont, St. Boniface Hospital, Man.
Committee on Labor Relations: Miss E. K. Connor, Central Alberta Sanatorium, Calgary, Alta.
Committee on Private Duty Nursing: Miss Barbara Key, 123 Bold St., Apt. 56, Hamilton, Ont.
Committee on Public Health Nursing: Miss Helen McArthur, Canadian Red Cross Society, 95 Wellesley St., Toronto 5, Ont.

EXECUTIVE OFFICERS

International Council of Nurses: 19 Queen's Gate, London S.W. 7, England. Executive Secretary, Miss Daisy C. Bridges.

Canadian Nurses' Association: 1411 Crescent St., Montreal 25, P.Q. General Secretary, Miss Gertrude M. Hall. Assistant Secretary, Miss Winnifred Cooke.

PROVINCIAL EXECUTIVE OFFICERS

Alberta Ass'n of Registered Nurses: Miss E. Bell Rogers, Revillon Bldg., 104th St., Edmonton.
Registered Nurses' Ass'n of British Columbia: Miss Alice L. Wright, 1014 Vancouver Block, Vancouver.
Manitoba Ass'n of Registered Nurses: Miss Lillian Pettigrew, 214 Balmoral St., Winnipeg.
New Brunswick Ass'n of Registered Nurses: Miss Alma F. Law, 29 Wellington Row, Saint John.
Registered Nurses' Ass'n of Nova Scotia: Miss Nancy Watson, 301 Barrington St., Halifax.
Registered Nurses Ass'n of Ontario: Miss Matilda E. Fitzgerald, Rm. 715, 86 Bloor St. W., Toronto 5.
Prince Edward Island Registered Nurses' Ass'n: Miss Helen Arsenault, Provincial Sanatorium, Charlottetown.
Association of Nurses of the Province of Quebec: Miss E. Frances Upton, 506 Medical Arts Bldg., Montreal 25.
Saskatchewan Registered Nurses' Ass'n: Miss Kathleen W. Ellis, 104 Saskatchewan Hall, University of Saskatchewan, Saskatoon.